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THE

MEDICAL AND PHYSICAL

JOURNAL.

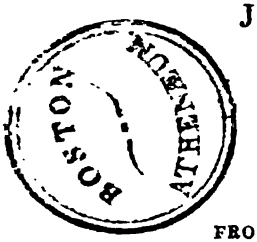
CONDUCTED BY

SAMUEL FOTHERGILL, M.D.

OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO THE ASYLUM FOR FEMALE ORPHANS; AND TO THE WESTMINSTER GENERAL, AND THE WESTERN, DISPENSARIES.

AND

JOHN WANT, Esq.



VOL. XXXI.

FROM DECEMBER TO JUNE, 1814.

Et quoniam variant morbi, variabimus artes;
Mille mali species, mille salutis erunt.

LONDON:

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THE

Medical and Physical Journal.

1 OF VOL. XXXI.] JANUARY, 1814. [NO. 179.

"For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable series."—RUSH.

To the Editor of the Medical and Physical Journal.

SIR,

PERMIT me, through your valuable Journal, to return my best thanks to Mr. Abel of Halesworth, for his paper in your Journal of last August, claiming for me, in answer to Dr. Kinglake, the priority of suggesting a practice in hydrophobia, founded on a similarity between this disease and gastritis; and to correct the typographical error in his name, which is Abel and not Aber. This gives me an opportunity of acknowledging Dr. Kinglake's candid reply to Mr. Abel; and also to notice an error of the press in Dr. Kinglake's paper, where Barrett occurs for Borrett.

I must apologize to Dr. Adams for having been prevented by my engagements from paying earlier attention to his paper, by which he has given us to understand, that in his second edition of Morbid Poisons, page 380, he had anticipated the similarity of disease between gastritis and hydrophobia, and there recommended the *Auxilium anceps* of Celsus to be pushed much further than hitherto attempted. The doctor thus deprives me of the little merit to which I might have considered myself before entitled, of contrasting the two diseases, and grounding, upon the positive existence of inflammation of the stomach in hydrophobia, (which inflammation was discovered by examination, and, perhaps, was not known by him to exist when he wrote upon Morbid Poisons, and which indeed he now seems to doubt) the modus medendi, bleedings ad deliquium animi. Thus, in the moments of speculative fancy, he takes from me the reward of hours of labor: is not this very hard, that he, while soaring in these light airy regions, should, like the kite, pounce down upon his prey, and betray his rapacity?

I have only Dr. Adams's first edition of Morbid Poisons, and therefore have not been able to see whether, in his latter work, he has directed the mind to the similarity of the two diseases, by comparing the symptoms which take place in hydrophobia with those of gastritis, viz. the great pain in the hypogastric region, particularly under the cartilago ensiformis; the small, hard, and quick pulse, sometimes intermitting; the great prostration of strength in a few hours, so very remarkable in both diseases; painful hiccough; and that liquids, if they are swallowed, are as generally vomited, while the features of the sufferers in both diseases are strikingly alike distressing, &c. &c.

If, by thus contrasting the two diseases, the *Auxilium anceps* of Celsus had followed as the only remedy, I would readily have admitted Dr. Adams's claim to priority in recommending bleeding as the only remedy in hydrophobia; but it is not merely bleeding,—*it is the time, the extent, and the manner, in which the operation is performed.*

Dr. Adams having laid claim to this, the most important part of my paper, in my estimation, published March 14, 1809, vol. xxi. of the Medical and Physical Journal, begins his animadversions upon it, by doubting the presence of inflammation of the stomach in the case of Elizabeth Kirk, as well as in that of Dr. Pinckard's, &c. because Mr. Hunter's account, he says, of the digestion of the stomach after death, accords with most of the appearances described by us as inflammation of the stomach in hydrophobia and its consequences.

I have not Mr. Hunter's Animal Economy, 2d edition, to which Dr. Adams refers me, and I think if I had, I should not be induced by its perusal to attribute, with him, the appearances of the stomach described in my case of hydrophobia *to digestion* after death, rather than inflammation, as Dr. A. would willingly have me believe, for the following reasons:—Whoever will refer to my case, or the quotation from it by Dr. A. will observe, that the parts described as particularly inflamed are the *œsophagus at its cardiac extremity, the cardia, and for the breadth of the palm of the hand, more particularly around the cardia*, and extending towards the large end of the stomach. By this description I meant to confine the appearances of inflammation to the cardiac portion of the stomach and its smaller curvature, according to its natural situation, to the upper part of the stomach, and not the large end and curvature, for there the marks of inflammation, if any, were very faint. It must be evident that the solution of the stomach by its *gastric fluid* after death must be greatest at the most depending part, where

the fluid would rest; and this would be about the larger curvature, and great end of the stomach, and which is so expressed by Dr. Adams's quotation from Mr. Hunter's Animal Economy; but at this very part, the appearances of the stomach in Elizabeth Kirk's case were natural, or nearly so.

I am much obliged to Dr. A. for his long quotation from Mr. Hunter, by which I learn that "there are few dead bodies in which the stomach at its great end is not in some degree digested, and one who is acquainted with dissection can easily trace the gradations." The doctor goes on to remark, "these gradations depend very much on the season of the year, and the mode of dying. If in the summer, the patient being in previous high health, and killed by violence soon after a meal, the substance of the stomach is sometimes *completely* eroded; but this is rare." Indeed I think it is rare, if I may judge from the following solitary instance to the contrary. The convict Hannah, aged 64, of athletic stature, was executed at Yarmouth on Monday, Sept. 6th, 1813, at twelve o'clock at noon, for the murder of his wife, and his body given to the surgeons for dissection. He had been in prison from the 15th of April, on which day the murder was committed. He was in full health and spirits, for he seemed not to apprehend the danger of his situation (not expecting death); and was supplied by his relations until the day of his condemnation, Friday the 3d preceding his execution, with a bottle of porter per day, and plenty of meat. From the Friday that he received his sentence, until he was executed on the Monday (three days), he had one pound of white bread per day, and water, which bread he regularly ate, and a part even on the morning of his execution, so that we have here a case exactly in point, *a man in good health, killed by violence, in hot weather, and after a meal.* The body was submitted to dissection the following morning (Tuesday), and on the Wednesday morning, eight o'clock, forty-four hours after he was executed, the abdominal cavity was opened; the stomach, and part of the œsophagus and duodenum were removed from the body, and carefully and minutely examined, as it was expected that the stomach would be found *completely* eroded, at least somewhat digested at its large end and larger curvature, as Dr. Adams represents; but after a most diligent search with several of my surgical friends (three of whom had lately been in the habits of constant dissection), not the smallest abrasion of the villous coat, or "altered appearance of the inner surface of the great end of the stomach, with the other parts of its inner surface," could be discovered; nor certainly

were there any of the diseased appearances described by me in the stomach from hydrophobia.

The stomach of Hannah showed a regular arterial congestion on its inner surface, more marked towards the pylorus, in the course of the different branches, given off by its arteries the gastro-epiploic. Thus it is manifest that digestion of the stomach, under the most favored circumstances, does not always take place: how far it generally does, is much to be doubted. Why, therefore, let me ask Dr. Adams, should it generally take place (which we are led to conclude from his paper) in cases of death from hydrophobia? Had the diseased appearances in the stomach, described by me, taken place in consequence of digestion, surely that digestion would not have occupied the cardia, and extended up two inches of the œsophagus, any more than in the case of Dr. Pinckard's, so accurately and well delineated, and who describes the whole of the pharynx and œsophagus in a state of inflammation, and says, "at the lower part of the œsophagus, about half an inch from the cardiac orifice of the stomach, was an eroded spot, nearly the size of a shilling, assuming an appearance as if the inner coat had been separated, and shrivelled up by scorching. A few inches below the cardia was a fulness of the vessels of the villous coat, which caused a spotted and circumscribed redness about three or four inches in diameter." In this case, is it not probable, nay certain, according to the doctor's own statement, if these appearances had been occasioned by the action of the *gastric fluid*, that they would have occupied the great end and larger curvature of the stomach, rather than rising up into the œsophagus? When Dr. A. has seen a case of fatal hydrophobia, and dissected it, we shall meet upon the same ground: until then I must support Dr. Pinckard's case, and maintain my own opinions, that we are nearer the truth when I assert, that in nine cases out of ten of fatal hydrophobia, the stomach or œsophagus, or both, will be found upon dissection the *principal* seat of the disease, and to have undergone inflammation, and that early bleedings ad deliquium is the only *rational*, and I may *now* say *known remedy*.

Whoever will take the trouble to read Dr. Shoolbred's successful case, published at Calcutta, May 18, 1812, will have his attention rivetted to the principal seat of the disease by the detail of symptoms. He says, "He (Amier the patient) was exceedingly impatient of restraint, and whenever he could get a hand disengaged, he immediately struck the pit of his stomach with it, pointing out that part as the seat of some indescribable uneasiness." That uneasiness

was

was removed by copious bleeding, but before the second bleeding, Dr. Shoolbred states that the pain had returned, as follows:—"He (Amier) also put his hand to the region of the stomach, and said, that the pain in that part was returning." Are we not to believe in the feelings of our patients, when, too, dissections confirm and support the seat and truth of these diseased sensations?

Dr. Adams goes on to conjecture "that the hydrophobic poison may, like some other poisons, be determined in its influence to particular parts, but not with the same certainty, to the same parts in that order," with many other judicious remarks on the different poisons of diseases, as the variolous, varicellous, scarlatina, venereal; the atmospheric poisons, as influenza, dysentery, &c. But the great diversity of the parts affected by the canine poison, and the different symptoms occasioned by it, which, according to the conjectures of the doctor, exceed all other morbid poisons, have plunged me, I confess, into as great a dilemna, as I recollect to have experienced on the subject of *small-pox*, when the doctor, some time ago, described the *pearl small-pox*, in which, he will pardon me when I confess, I had no faith.

However, the doctor has admitted that rabies canina is an inflammatory disease; that this inflammatory diathesis being set up in the system by the poison, is more particularly directed to the different mucous membranes (or secreting membranes), so that we are led by sympathies from the nose to the urethra, from the mouth to the anus, bewildered in the examination of the encephalon, in which there is no mucous membrane,—and so distracted in our senses by the great variety of the parts affected, that we shall scarcely know, after a few more observations on this intricate subject, whether the œsophagus, the stomach, the nose, the urethra, or the anus, stands first in the order of parts diseased; thus doubting every thing we can fix on nothing, and the little gleam of light which seemed breaking in upon us will be extinguished amidst the darkness of conjecture.

There are, on all subjects and sciences, facts or first principles, which, if we lose sight of, our labors are but vain. I must now beg leave to offer my best thanks to the doctor for his paper on hydrophobia; and to assure him, that if any sentence in this reply should be found to carry with it an unfriendly construction, or too much personality, I shall be sorry, and beg for sincere pardon.

I am, Sir,
Your obedient humble Servant,
G. BORRETT.

Great Yarmouth,
Nov. 9, 1813.

To

To the Editor of the Medical and Physical Journal.

SIR,

IN a former Number of your valuable repository, I ventured to call the attention of Dr. Kinglake to Mr. Borrett's paper on Hydrophobia, and to claim for its author the merit of priority in remarking with distinctness the analogy between that disease and Gastritis; and my best thanks are due to Dr. Kinglake, for the very polite and candid manner in which he met my appeal. I have also had the good fortune to elicit from Dr. Adams several interesting remarks on Mr. Borrett's communication, to some of which I shall in this paper attempt to reply.

In sending for your insertion my observations on Dr. K.'s claim to originality of opinion on Hydrophobia, I was not ignorant that several authors, in common with Dr. Adams, had observed the generally inflammatory form of some of its symptoms, especially Boerhaave, Van Swieten, and Morgagni, and from whose works it may not be uninteresting to some of your readers, if I adduce a few passages in illustration of their views of this formidable malady. The following passage forms a part of Boerhaave's eleven hundred and fortieth axiom: "Dissectio cadaverum docerit plerum que organa deglutiendi utrumque inflammata,"* &c. Again, in Aphorism 1142: "Dein hinc vitium nasci sanguini, humoribusque, quod inflammationi gangrenosæ quasi proximum sit; sedem vera mali primum circa stomachum, et vicina hærere." As to the methodus medendi, this author is particularly striking. In Aphor. 1144, the following remark occurs: "Apparet maxime probabile, et paucis experimentis confirmatum, sequentia fieri debere: 1. Statim post prima signa invadentis mali morbus tractandus *ut summus inflammatorius*, mittendo sanguinem *ex lato vulnere magni vasis ad animi deliquium usque*," &c. Van Swieten, in his commentaries on these passages, affords sufficient proof that he had closely noticed the evidences offered by different histories, of the inflammatory nature of rabies canini; of which the following examples may be given:—"Alibi legitur inflammationi ventriculi accessisse hydrophobiam cum convulsionibus, a quibus malis tamen æger ille audacter repetitis sanguinis emitionibus evasit."—The author here alludes to a case detailed in the first volume of Medical Essays. And in another passage this writer is equally explicit:—"Tota autem morbi historia, et aliqui successus in hoc

* Van Sw. Oper. An. p. 561. Ibid. p. 566.

morbo

morbo curando, videntur suadere, morbum hunc tractare debere ut inflammationem summam, admodum periculosam, et subito in gangrænam tendentem." *

That Morgagni was aware of similar facts, the greater part of his eighth letter affords clear testimony; in particular, he cites three cases in which symptoms of hydrophobia supervened after drinking cold water.

But although remembering the passages just quoted, I knew of no author who like Mr. B. had with confidence recommended the means which have recently proved so successful; a confidence founded not merely on partial or complete success in the treatment of analogous disorders, but the result of a minute investigation of the symptoms and dissection of a case, under his personal observation; a confidence infused into the minds of several of his readers, and which had prepared them, should a case fall under their care, to treat it "ut inflammationem summam."

With respect to the appearances of the stomach on dissection, as observed by Mr. B., I am disposed to consider them as much more attributable to inflammation than to digestion, and for the following reasons. Mr. Hunter, in his description of a digested stomach, observes, † "The sound portions (of the stomach) will appear soft, spongy, and granulated, and without distinct blood-vessels, opake, and thick; while the others will appear smooth, thin, and more transparent; and the vessels will be seen ramifying in its substance, and upon *squeezing* the blood which they contain from the larger branches to the smaller, it will be found to pass out at the digested ends of the vessels, and to appear like drops on the inner surface."

From the above quotation it is evident, that no appearance of red points is visible on a simple inspection of a digested stomach; but in that described by Mr. Borrett, such points studded a part of its inner surface, and consequently, even supposing an erosion of the extremities of the vessels could only arise from a turgescent state of them, the effect of inflammation; for, under common circumstances, the blood after death is accumulated in their larger branches, and must, as expressed by Mr. Hunter, be *squeezed* thence into their minuter ramifications, to exhibit the appearance in question. Neither can I find, in Mr. Hunter's or Dr. Baillie's account of a digested stomach, any mention of an appearance similar to the dark-colored patches noticed in Mr. B.'s

* Comment. p. 537. De Caus. et Sed. Morb. Epist. iii. Art. 32.
† An. Economy, p. 229.

history,

history, but which are so frequently not within descriptions of stomachs unquestionably inflamed, and which appear to depend on an extravasation of blood under the mucous membrane; in proof of which I shall quote a part of Mr. Brodie's excellent statement of the changes produced by arsenic on the inner surface of the stomach, and which agrees remarkably with the effect attributed by Mr. Borrett to the hydrophobic poison. * "The inflamed parts are in general universally red, at other times they are red only in spots. The principal vessels leading to the stomach and intestines are tinged with blood; but the inflammation is usually confined to the mucous membrane of these viscera, which assumes a florid red color, becomes soft and pulpy, and is separable without much difficulty from the cellular coat, which has its natural appearance. In some instances there are small spots of extravasated blood on the inner surface of the mucous membrane, or between it and the cellular coat, and this occurs independently of vomiting."

The destruction of the cuticle of the lower part of the œsophagus, reaching to the orifice of the cardia, beyond which it does not appear to have extended, cannot, I conceive, be fairly attributed to the action of the gastric fluid; for it is equally difficult to comprehend how this should escape into the gullet, and if there, why it should act more powerfully on that part than on the stomach itself. The gastric juice could only penetrate to the œsophagus through the valvular structure of the cardiac orifice of the stomach, which, in consequence of its longer exposure to this solvent, ought to have suffered more than the œsophagus. Neither Mr. Hunter, nor Dr. Baillie, mentions the liability to destruction of the inner membrane of the œsophagus from such a cause; and it seems highly improbable that so important a circumstance should have been overlooked by those accurate observers. I am, Sir,

Halesworth, Your most obedient Servant,
Nov. 13, 1813. C. ABEL.

To the Editor of the Medical and Physical Journal.

SIR,

THE following case occurred to a patient under my care in the work-house of this parish, the particulars of which I beg leave to relate.

Mrs. Thomas, aged 47 years, applied to me, a few days

* Phil. Trans. for 1812, p. 205; or Nichols. Journ. vol. xxxiii. p. 265.

after

after I entered on my office as surgeon to the work-house at Michaelmas last, for relief for a swelling of the abdomen, accompanied with obstinate constipation of the bowels. I prescribed some opening physic, which afforded relief, but the swelling remained the same. Upon inquiring into the nature of this complaint, I could gather no other information than that the woman was reported, and firmly believed to be, pregnant, which she obstinately denied. Her catamenia had ceased fifteen months ago, and she had borne several children. It appeared to me a case of interest, but I could procure no particular account of the progress of the swelling, only that it had appeared a twelvemonth ago, and had gradually increased to this period. On examination, I found the abdomen very much enlarged in size, with an evident fluctuation; and the swelling was by no means circumscribed, but general and diffused. She complained of no particular pain when the belly was pressed, and her health was tolerably good. She made water pretty freely, independently of which, I thought her disease was ascites, in which I was confirmed by the opinion of Mr. William Hole, a respectable surgeon in this town. We examined the patient together, and it was agreed that I should perform the operation of paracentesis of the abdomen. She complained of a little pain in the right shoulder, but none in the region of the liver. The operation being determined upon, I tapped her this morning (Nov. 1st) in the linea alba, with a moderate-sized trocar, and instead of water, I drew off, to my surprise, more than three quarts of very thick good-conditioned pus. I considered the disease now in a new light, and did not hesitate to pronounce it an abscess in the liver which had burst into the cavity of the abdomen. The matter was not at all fœtid. On pressing the region of the liver, after the trocar was withdrawn, she complained of pain. She had a stool after the operation, and made water freely. I closed the wound up, and applied a moderately tight bandage over the abdomen, and gave her forty minims Tinct. Opii and ℥ifs. Aq. Menth. Pip. in a draught. In four hours after the operation I saw her. She appeared tranquil, but had considerable pain in the region of the liver, extending to the right shoulder. Her pulse was firm and regular. I ordered her a little wine, and the draught repeated with only twenty minims of the Tinct. Opii.

Nov. 2d.—Passed a restless night; pulse about 90; thirsty; tongue foul; pain in the liver and right shoulder.

Hab. Pil. Hydrarg. gr. vi. horâ somni.

Nov. 3d.—Feels rather easier; bowels costive.

℞. Sulph. Magnes. ℥i.
Aq. Menth. Pip.
—— puræ ā. ℥iv. M. Cap. Coch. iij. larg. omni horâ donec alvus respondeat.

Nov. 4th.—Had one black hard fœtid stool, which gave relief. Belly rather swelled; pain in the region of the liver; pulse firm. Her constant complaint being constipation, I ordered her the following, lest the circumstance above-mentioned should gain ground upon me.

℞. Pulv. Scammon. gr. v.
—— Jalap. ℈i.
Sub. Mur. Hydr. gr. x. M. ft. pulv. horâ 2da p. m. sumend.
Pil. Hydrarg. gr. vi. h. s.

Nov. 5th.—Had about a dozen black offensive copious motions, with much relief; T. pretty clean; makes water freely; pulse 100, quick, but regular; belly much softer, and feels easier; thirsty; slight pyrexia.

℞. Acid. Sulph. Dilut. ℥ij.
Tinct. Digital. ℥i.
Aq. Menth. Pip. ℥i. M. Cap. coch. ij. larg. quater in die.

Nov. 6th.—Had two large offensive motions, partly watery, and mixed with scybalæ; abdomen rather softer, but still tumid; pulse 100, rather feeble; tongue furred; passed a restless night.

℞. Sub. Muriat. Hydrarg. ℈i.
Opii Pulv. gr. v.
Conserv. Ros. q. s. ut ft. massa in pilul. v. dividend. quarum capt. 1m. omni 4ta. horâ incip. statim.

Nov. 7th.—Slept well during the night, and without pain. Took all the pills, but had no motion from them. Tongue pretty clean; pulse 100; belly feels softer. In one of her motions of yesterday, we found several small gall stones. Upon the whole she seems amazingly better.

℞. Sulph. Sodæ. ℥ifs.
Infus. Sennæ.
Aq. Menth. Pip. ā. ℥iij. M. cap. dimid. statim alteramque partem post horas tres.

8th.—Had eighteen copious stools, mixed with scybalæ, and substances resembling clots of pus, and rather greenish. Pulse pretty good; tongue clean; belly much reduced in size, and softer.

℞. Pulv. Opii. gr. iij.
Sub. Muriat. Hydr. gr. x.
Pulv. Digital. Purp. gr. viij.

Conserv.

Conserv. Rosæ, q. s. ut ft. massa in pil. iv. dividend. quarum. cap. 1m. omni 4ta. horâ.

Nov. 9th.—Passed a good night, and free from pain. Had one copious loose stool before she took the pills, but none after. It was chiefly greenish clots, and a few scybalæ.

℞. Sulph. Sod. ℥i.

Aq. Menth. Pip. ℥vi. Solve. Capt. statim.

Nov. 10th.—Had eleven copious watery stools, in quantity more than half a gallon, mixed with a few scybalæ. Pulse 90, firm and regular; tongue clean; appetite good; belly much softer, and more natural.

Hab. Pil. Hydrarg. gr. vi. h. s.

Nov. 12th.—Feels pain in the bowels; one large motion since last report.

Repet. Mist. Purgans.

Nov. 13th.—Feels much better; four loose motions, and pretty natural.

Pil. Hydrarg. gr. vi. h. s.

Nov. 14th.—Had two copious loose motions; passed a very good night; pulse 88, regular; removed the plaisters, and found the wound completely healed, and free from inflammation; belly feels soft and flaccid, and free from pain; slight ptyalism; tongue clean.

Repet. Mistur. Purgans. u. a.

Nov. 15th.—Had four large loose stools of a natural color; slept well during the night; pulse 84.

Quiescat hodie.

Nov. 24.—Since last report my patient has progressively got better. She sits up through the day, and feels no pain or uneasiness. Her health is pretty good. She eats and sleeps well. I give her gr. iii of the Pil. Hydrarg. every third or fourth night, and shall gradually lay aside the use of medicine altogether.

If you think this case worthy a place in your Journal, you are at liberty to insert it.

I have the honor to be, Sir,
Your obedient Servant,
ROBERT SEMPLE,
Member of the Royal College of Surgeons in London, and Surgeon to the Parish of Islington.

85, High-street, Islington,
Nov. 24, 1813.

For the Medical and Physical Journal.

A LETTER *to the* EDITORS *of the* EDINBURGH MEDICAL *and* SURGICAL JOURNAL.

GENTLEMEN,

NOTWITHSTANDING that I have been so unfortunate as to incur your displeasure, by involuntarily becoming the object of some very high encomiums which have been bestowed on me, perhaps too lavishly, in a popular review, while, as you have clearly proved from my own words, the nature of the subject itself rendered perfection unattainable, I still depend so much on your regard for your own general character, which I am by no means disposed to depreciate, as to believe that you will take the earliest opportunity to correct a very important error, into which you have fallen, in asserting, that I have recommended to a student of physic to attend an hospital "in the second year *only*" of his medical studies. Now, in the 18th page of my Essay you will find these words: "As the spring advances, he must become a pupil of an hospital, which must continue to be his principal and *daily* object at *every subsequent* period, *while* practical lectures should be attended with diligence;" and these lectures are enumerated in the following page, among the pursuits of the third year. The public must be the judges between us; and how you will be able to exculpate yourselves before them for so unaccountable a misrepresentation, which you have expanded into a whole page of argument, I am utterly at a loss to foresee. You have either censured what you have not read, or what you have read and forgotten; for I cannot believe you both mischievous and foolish enough to advance such an accusation, at the moment that you were fully aware of its falsehood.

Whether or no you were in the same happy predicament of inattention or oblivion when you asserted that I spoke "*lightly* of the clinical lectures of Edinburgh," I will not pretend to determine: perhaps you will solemnly maintain that to mention in express terms their "*excellence*," and their "*acknowledged superiority*," (p. 15) is to speak lightly of them; but this is more a matter of opinion than the former, and therefore I shall not expect you to retract it. It is, however, an absolute mis-statement to say that I have considered the affections comprehended under the term PNEUSIS as one DISEASE; for I have most carefully remarked (p. 28) that I have intentionally united *different* diseases, as species constituting the same *genus*, according to their natural analogies, and to the most convenient mode of treating of them:

nor

nor have you been more correct in insinuating that the gout is to be found in two places, without *any* reference from one to the other; for in fact there are references in *both* the passages, in which I have thought it necessary to mention respectively the different forms of this very anomalous disease.

The charges which you have grounded on these supposed offences, do not very materially affect the general merits of the work; nor should I think its credit much diminished by admitting the truth of all else that you have advanced against it, especially if you succeeded in convincing your readers that "it ought to be in the library of every medical scholar to whom the work of Ploucquet is inaccessible," and that its value is not altogether "superseded even by that stupendous work;" but having been induced to point out the most palpable of your mistakes, I shall briefly examine such others of your objections as appear most to require an answer.

You observe, without entering into the merits of the "detached essays," that they are "excrescences in such a work." Is a rose then an excrescence upon a myrtle, because they happen to be planted in the same bed? You seem unwilling to allow that any work in *English* on the study of physic can be required; and mention at the same time the Bibliotheca of Haller and the Index of Ploucquet, in order to deprive me of every excuse for publishing any thing not absolutely perfect. I can only observe that I have not copied a *single word* from either of those works; and how either of them is to be employed "as a guide to students," I am at a loss to understand; but on the mere circumstance of the language being English rather than Latin, I never meant to found any particular claim to indulgence. You do not appear to be aware that a methodical arrangement of every department of my subject is one of my professed objects, and the correct accentuation of names, contemptible as you may deem it, another: both these objects require in all cases a systematic enumeration, at least, of the whole nomenclature of the respective sciences, even when there are few or no works to be referred to each article; and in some such cases, you have very candidly produced the empty shelves of the library as affording fair specimens of its contents. The repetitions concerning "exotic medicine" exist only in your imagination. With respect to the alphabetical order, for which you express a decided preference, it can have no advantage over the worst system furnished with a good index; and if a general or scientific view is to be taken of any part of medical knowledge, it appears to me so evident as to require no proof, that it can only be obtained by means of a systematic

systematic arrangement. You object to my conversion of generic into trivial names; but, in fact, if we wish to find a disease from its name only, we must look for it in an index, and then it is of no importance whether the name is generic or trivial; if from its nature and symptoms, we must consult the definitions, and the alternative remains equally indifferent. When you say that I have made a classification of names, and not of diseases, I am utterly incapable of comprehending your meaning, nor can I easily believe that you had yourselves any distinct idea of what your words were intended to express. You assert that my genera are founded on forced analogies; but in proof of this assertion you adduce no argument, and scarcely even an example, except in the case of the arrangement of the Aphtha of Cullen as a typhus, in which, though with some hesitation, I have followed Dr. Crichton: on this occasion you very concisely and I suppose satisfactorily answer my *note of interrogation* by a *note of admiration*, and there the illustration ends. That "the mildest and most terrible of diseases are the children of one family," is certainly not more unnatural than that an equal diversity should occur in the same individual disease, that is, in the same species; for instance, no fever can be slighter than some cases of scarlatina, and none can be more inevitably fatal than others. You disapprove my having "melted down Dr. Willan's orders into genera;" but I had the pleasure to find, in conversation with that respectable author before his death, that he himself considered it as a very proper adaptation of his partial method to a more extensive system, which he had the goodness to say he considered as extremely neat, and altogether unexceptionable: indeed it is impossible to read his account of what he calls species, without perceiving that a great number of them are mere varieties of the same disease. Almost all the instances of apparent repetition that you have pointed out, relate to cutaneous diseases, in which, as I have expressly observed, "I have thought it better to follow Dr. Willan's arrangement with very little alteration, than to attempt to introduce definitions and subdivisions more strictly methodical:" sometimes, too, a solitary and accidental affection of a small part of the surface of the body may, very properly, be considered as belonging to a distinct class from that which comprehends affections of the same kind which are more extensive and habitual.

To your accusation of having made my "generalisations in the closet," I must certainly plead guilty. I have been accustomed to observe the progress of single cases at "the bed-side," and in the theatre; but where I have wished to consider

consider the relations of a hundred different cases of a hundred different diseases, I should have thought it perfectly absurd to sacrifice the convenience and tranquillity of the closet, for the fanciful advantage of being at the bed-side of one of the ten thousand cases, at the moment that I labored to obtain a perception of the general relations of the whole.

The term "Therapeutics," which you seem to prefer to "Acology," had already been employed in a different sense, and is usually understood as relating rather to the general principles of the practice of physic, than to the separate consideration of the operation of particular remedies. I allow that I have not divided the sedatives, commonly so called, according to the nature of their immediate action, but have been contented with referring back to the whole catalogue from the exhaurients: I really found it so difficult to satisfy myself how they ought to be divided, that I despaired of untying the knot, and was afraid of doing harm by attempting to cut it, as it was perhaps my duty to have done. I have not indeed professed myself by any means satisfied with the arrangement of this division of my work, which, however, I am happy to find you have thought more deserving of your indulgence than the rest; for, however I may think the value of your commendations diminished by the want of a sounder spirit of criticism, and a greater power of discrimination than you appear to me to have displayed in your censures, I do not profess to be altogether indifferent to your good opinion.

I am, Gentlemen,

Worthing, Your very obedient Servant,

Oct. 21, 1813. THOMAS YOUNG.

To the Editor of the Medical and Physical Journal.

SIR,

I KNOW not whether the following theory of gout be original or not: much of what we read we often identify with our own views of particular subjects; and when engaged in contemplating them, we very often apply the reasoning and facts of others as if they were our own, for the explaining and developing of any difficulties which may occur for resolution.

In this way it is very possible, and quite as probable, that I may not be a discoverer; but I shall be well enough pleased if, under the satisfactory illusion of being one, from inferences to be deduced, the following theory shall be acknowledged to be warranted, and that, by an explanation of the causes

of a particular disease, which it is said has hitherto baffled explanation, such disease shall often be avoided; and, what is almost of as much importance, those who are afflicted with it shall cease to hope for cure by means ill calculated to effect it. And if the following theory shall be deemed well or rationally founded, such persons will also be taught, what indeed is well known, although the reason for its efficacy in preventing, if not in curing the disease, may not be so generally understood, that temperance, and temperance only, is the only fundamental preventive, and the only rational cure of this disease where at all curable.

Gout then I conceive to be inflammation arising from that lesion of the terminating vessels, by which they are prevented duly fulfilling their assigned offices of secretion and apposition.

I need hardly pursue this notion. Many of your ingenious correspondents will easily measure the effects of increased action of the arterial and secreting system upon the exquisitely fine vessels engaged in that wonderful part of our frame.

Impulse upon a set of vessels in a greater degree than they are calculated to bear, must have the effect of deteriorating them in their weakest part: that part is where their organisation is the most delicate, and therefore the most fragile. Let the heart be incited, whether by intense or rapturous thought; let the whole system be perpetually immersed in floods of delight beyond the common and accustomed bliss of nature, gout may supervene; but as all this is within the possibilities *naturally* incidental to our organisation, it does not give way: secretion and apposition may yet go on. Let, however, alcohol be superadded to all these, cardiac, and consequently arterial action is increased; the system, throughout all its indescribably fine ramifications, partakes of the accelerated action; and, borne down by calls upon, and solicitations of, its powers, it incontestibly yields to the unnatural impulse it experiences, and, being the finest, those vessels which are destined to ultimate secretion and apposition are the first to break up. The excited action goes on, but secretion and apposition are weakened, disappointed, or destroyed. That set of vessels which, in our nicely adjusted machinery, was destined to perform certain vital functions, can no longer act; the parts depending upon that action for their vitality become gorged; arterial action may have tended to the formation of the ultimate matter, but the organisation adapted for apposition is weakened or destroyed: even secretion or formation of the necessary matter is at length interrupted or prevented. The whole of these fine functions become disturbed, and hence the premature formation

formation and apposition of crude bone, where, in a state of heat, there should have been colorless blood, or membranous apposition. Where inflammation had already occurred from gorgement with matter which absorbents had been unable to take up, it is occasioned by the deposition of matter alien both in place and substance to its true and natural designation and character. Hence chalk stones; and hence probably that ultimate destruction of vital action known by the name of gout in the stomach, an hypothetical disease never detected in the stomach as in membranes about the feet and hands.

Had I leisure, I would willingly have resolved what I have said into the form of aphorisms; but they would repeat so many truisms, while the conclusion is itself simple and to me self-evident, that I have been induced to prefer thus rudely recording my view of the disease of gout in your valuable Journal.

I am with great respect,

S. W.

To the Editor of the Medical and Physical Journal.

SIR,

IN a late Number of your Journal a paper was published, written by Mr. Adams, in order to show the efficacy of Ant. Tart. and recommending its use in *acute ophthalmia*. That gentleman then, if I mistake not, was of opinion that it alone, given in doses sufficient to keep up continual sickness, and continued for a sufficient length of time, was capable of subduing the inflammation of the most violent cases; and Mr. Fielding, believing it to be possessed of this power, and wishing to claim priority in the adoption of this novel treatment, as so thought, wrote soon after in affirmation of Mr. A.'s paper.

Since the publication of the afore-mentioned, I have had frequent opportunities of observing its effects in similar cases, given in the doses recommended by Mr. Adams, and continued as long as I thought was sufficient for a fair trial (at least as long as propriety would allow compatible with the preservation of sight; that is, I conceived, if persisted in much longer without employing some more effectual remedy, the inflammation and ulceration would proceed so far as to produce an irremediable opacity in the cornea); and I am sorry to say, that I have not seen it effect a cure in a single case: it has, no doubt, had *some* influence in abating the severity of the symptoms; but on the whole, no evident progress towards a cure was perceptible during its solitary use. Copious bleeding was absolutely necessary in the more violent cases; and in others of a milder degree, where this

was not thought requisite, blisters were used with evident advantage.

I could relate several cases in support of these assertions; but, lest you should think them not worth your notice, I will at present only relate one, and your insertion of these remarks, or the contrary, will influence me whether I shall detail any more at a future opportunity.*

June 7th.—J. W. a man of spare habit of body, suffering under a disorder of the eyes, sent for advice. It had begun three days previous to this. Both his eyes were found in a very high degree of inflammation; the tunicæ conjunctivæ were an universal red; the corneæ dull and milky, and one of them beginning to ulcerate. The pain was most excruciating, extending up both the temples. I never saw a man appear to be in such exquisite pain. This was accompanied with a sensation of burning heat, and immoderate effusion of tears, and feeling as if bits of glass were cutting the eye. Sensibility to light was extreme. The pulse was hard. He was ordered to have his eyes frequently fomented with a hot decoction of poppy-heads, the room to be kept dark, and a powder of gr. i of Ant. Tart. with nitre to be taken every three hours: this produced the desired effect, and he was kept in a state of continual sickness. In the evening he was seen, and the pain was rather abated. The next morning the pain was still not so violent; but towards the evening it increased to the same violence as before, or even more so. He had never omitted taking the powders night nor day, and the dose was increased as it lost its effect. His bowels were kept open. At ten o'clock same night the powders not having produced the least remission, and considering that they had now been used six and thirty hours, and that if something more effectual was not done the man would lose his sight, the temporal artery was divided, and from thence about four ounces of blood were taken, and ten ounces more from the arm. During the flowing of the blood he felt the pain abate, and when left, about a quarter of an hour after, he was considerably easier. The powders were nevertheless still continued. The next morning he still remained comparatively easy, and had slept part of the night, what he had not done for the four nights preceding. From this time they quickly got better, and in a few days he applied a saturnine lotion, and dropped Tinct. Opii to remove the slight opacity that remained. In about a week more his eyes were perfectly strong, and free from the least opacity.

* The Editor will readily insert some additional cases on this important disease, and hopes the author will sanction them with his name, as the practice he calls in question stands on high authority.

The object of the writer is not to condemn the use of Emetic Tartar in ophthalmia, but to express his opinion, grounded on observation, that it ought not to be relied on as a principal remedy; and from the manner in which Mr. Adams spoke of it, many, no doubt, would be led to place entire confidence in it, without ever thinking of any other till it was too late. And from the importance of the subject he thought it his duty to make his observations known. He still would recommend the use of it in ophthalmia in conjunction with bleeding, for he thinks that it often has some influence, though not to the extent which one would have supposed. In the case above related, I think it appears evident that bleeding was what afforded relief, and to which the speedy recovery and preservation of sight was to be ascribed.

I am, Sir,

Hull, Your's, &c.

Nov. 19, 1813. W. M. T.

To the Editor of the Medical and Physical Journal.

SIR,

ON perusing Mr. Gibbon's representation of the case of Ann Foulkes, an impression arose in my mind that some of the facts therein stated differed very materially from the account I had received from her, *at the period of their occurrence;* and, as an inference was drawn from them prejudicial to the moral character of Ann Foulkes, I thought it an act of justice due to the poor girl, whom I have now attended upwards of four years, not without the highest approbation of her principles, to ascertain how far my recollection of facts was well founded or not. With this view I waited upon her in company with a friend, when she was minutely questioned as to the following facts, namely, *the proposed introduction of the catheter; and the circumstance recorded by Mr. Gibbon of his having patiently waited that he might personally witness the reality of the urinous vomiting.*

The following is the result of the examination, taken almost verbatim. I feel a considerable degree of reluctance in communicating the substance of it, but the complexion this controversy has taken is so decidedly hostile to the reputation of more than one character, that I have no longer the option of suppressing so important a document.

Q. What conversation passed between you and Mr. Gibbon about the catheter?—A. Mr. Gibbon said, he must use the instrument; to which I replied, No, not unless you send for Dr. Yeats.

 Q. Did

Q. Did Mr. Gibbon, on this, offer to send for Dr. Yeats?—A. No, he did not.

Upon being asked why she was so unwilling that Mr. G. should use the catheter? she replied, because he was a stranger to her, and not her doctor, and she did not wish to submit to any experiment without the knowledge of Dr. Yeats.

Q. Did Mr. Gibbon still urge the use of the catheter?—A. Yes; on his retiring from the room, he turned round, and angrily said, I insist upon doing it, and on Sunday next I will attend for that purpose. I again answered, No, sir, not unless you send for Dr. Yeats; and if he thinks it will be of any service, I am willing to submit, but not otherwise.

Q. Did Mr. Gibbon then propose sending for Dr. Yeats to perform the operation?—A. No, he never once alluded to it.

Q. Are you willing to declare this on oath?—A. I am.

Q. Was any one present besides?—A. Yes, my mother.

Q. Do you remember the facts as here stated? (addressed to the mother,)—A. Yes, I do.

Q. Will you swear to the truth of them?—A. I am perfectly willing to do so.*

Q. Did Mr. Gibbon ever see you in the act of urinous vomiting?—A. I sent for Mr. Gibbon, at his own request, once when I had taken an emetic, and had vomited twice before he came. On my not vomiting immediately in his presence, he grew impatient. I said, Stop, sir, for I think I shall vomit again; he replied he could not, and desired she would make haste. She said she could not vomit when she pleased; he observed, I have got my own patients to attend to, do you think I can wait upon you all day? and then went away.†

The whole of this examination at once confirmed the previous impressions of my own mind, *and agreed with the statement of facts given to me by herself, near the time of their occurrence, which I believe was nearly twenty months ago, before the subject had assumed the character of controversy.* I should add that other highly respectable persons have the same recollection of the above fact as myself, and can bear testimony to it, if necessary.

With respect to the quantity of provision, clothing, and

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* In Mr. Gibbon's statement are the following words: "Upon offering to send for Dr. Yeats," &c. &c. See Medical Journal, No. 177, p. 358.

† Mr. Gibbon's words are, "I therefore waited *patiently* for more urine to make its appearance: she professed to be very sick, but none came." Ibid, page 358.

money

money which it is stated she received in such abundance, I have reasons for knowing that they were not beyond the supply of common exigencies, and that periods have occurred when she has been reduced to much want.

The public must now judge, from the statements given, how far the character of the poor object in question has or has not been unjustly assailed. I cannot willingly prevail upon myself to think that Mr. Gibbon has designedly mis-stated facts: at the same time I cannot withhold my belief from the testimony of the girl, whose moral character I firmly believe to be unimpeachable; and my recollection of the statement, sanctioned as it is by others of great respectability, *at the period of the occurrence itself*, is a fact which will not escape observation. Why Dr. Yeats was not sent for, why he was not more communicated with, I am not able to comprehend; but that personality of a very unpleasant kind has unfortunately mingled itself with this controversy, every day brings along with it some painful testimony on the part of Mr. Gibbon. So far as the moral character of Ann Foulkes is concerned, if analogous cases in the history of medicine continue to be brought forward, to illustrate the possibility of urinous vomiting, the charge of want of veracity, which was founded against her, on the supposed impossibility of such an occurrence, is wholly at an end. If so, what are the sentiments which will arise in every delicate and truly honorable mind on the review of this transaction? But I forbear to expatiate on so painful a subject. My only prayer is that Mr. Gibbon may never be able to judge of the pangs inflicted by the unmerited loss of reputation, by experiencing a similar fate himself. If this be his wish, I need not suggest to him, that one safeguard to his own reputation will be not to intrench upon that of others.

I have the honor to be, Sir,
Your very obedient Servant,
J. S. GRIMSHAW,
Vicar of Bidenham, Beds.

Bedford, Dec. 9, 1813.

To the Editor of the Medical and Physical Journal.

SIR,

I MUST again trespass upon your indulgence in soliciting a page of the Journal, for the purpose of remarking upon the letter of Dr. Yeats which appeared in the last Number.

The question at issue is simply, whether Ann Foulkes was guilty of deception or not. I believe her to have acted deceptiously. To substantiate that belief, I refer to the case which

which I have published; and if Dr. Yeats cannot dispute or controvert the statement which I have publicly given, it is incumbent upon him to acknowledge the imposture, as no medical man can entertain a different opinion upon the subject, unless he can disprove the circumstances of the case as brought forward by me.

I expressed surprise at the unfairness of Dr. Yeats's conduct in reference to me about this reputed case of urinous vomiting. I must repeat my surprise at his last letter, which imperiously calls upon me to offer some explanations, and likewise act the part of a prompter to the doctor's memory:

> Sed tali auxilio ac defensoribus istis
> Tempus multum eget.

Can Dr. Yeats have forgotten that I was twice present at a meeting of *all* those medical gentlemen he alludes to, previously to their visiting Ann Foulkes, when he himself was likewise of the party?

I next find that Dr. Y. reverts to the subject of this medical meeting or consultation as being attended with ungracious appearances. Who would believe that he most fully acquiesced in the positive declaration of five medical men that their meeting at Bedford was purely accidental? No man could appear to be more satisfied with the explanation which I gave to him, respecting this meeting, than he did. I must beg leave to refer him to his own assertion in the 45th page of the Medical and Physical Journal for July 1813, where he expressly declares it was a casual meeting. So much so was it, in reality, that neither Dr. Kerr nor Dr. Allvey had ever heard of the illness or name of Ann Foulkes. My meeting with them both, on the same day, was a matter of much surprise. 'Tis true, I seized the rare opportunity of taking two such experienced physicians, and the surgeons of the Bedford Infirmary, to see A. F. to examine the state of her health, and to hear her story from her own mouth. The result of their visit is well known. I regret that these apparent trifles should compel me to intrude so much upon your attention; but the inuendoes of Dr. Y. must be explained, and the conduct of gentlemen of the highest respectability placed in a proper point of view.

I may likewise repeat, by positive assertion, that I thought it impossible Dr. Y. could have misunderstood the original difference of opinion, and the meaning of the written document, so much as to imagine that the symptom of vomiting of urine was for a moment thought of unconnected with the peculiarities of A. F.'s case.

It serves the purpose of Dr. Y. to separate the abstract question

question from the case; but I must inform him that in so doing he acts towards others and myself in a manner that cannot but be highly disapproved of, by every candid and unprejudiced mind.

His assertion, that the impropriety of holding a medical meeting in his absence was hinted to me, I must beg permission to deny for the present, having no recollection of such a hint being given. All the medical men present fully agreed upon the propriety of informing Dr. Y. of our intention of seeing A. F., and of requesting his attendance likewise. A message was sent to his house, but he was from home, and not expected to return before the evening. It was out of the question, in this case, for two physicians coming from so great a distance to await his arrival. Dr. Y. never, I believe, thought it necessary to consult with a single practitioner of the county, upon this curious case, which he and the druggist had the entire management of. Why did he not deprecate the idea of a druggist prescribing for a woman laboring under such a supposed marvellous disease; the history of which he meant to lay before the medical world, which he was at that time taking notes of, and which was altogether under his express management? If not, why was the druggist compelled to send a copy of all his prescriptions to Dr. Y. previously to administering his medicines? How complimentary it is to all other medical men, for Dr. Y. to declare that they be of no service, because he was puzzled; and how strange it was, that it never struck him there might be some danger of the druggist doing incalculable mischief, by giving his emetics and diuretics, in this supposed case of Meteorismus Ventriculi! It is, of course, quite new to me, that other medical gentlemen thought with Dr. Y. upon the subject of the distension of the stomach *when they examined it;* nor do I think that Sauvages would allow it to be compatible for a weakly woman to labor under the Meteorismus Ventriculi, whilst she could talk for upwards of half an hour with as much strength of lungs as most robust men are blessed with.

If Dr. Y. cannot reconcile the apparent state of general good health, which I speak of, with the sufferings he frequently witnessed in A. F. I must refer him to those medical gentlemen whose names are enumerated in a note attached to the very able communication of Mr. Pulley, in your Journal for the present month. Every one must acknowledge the extreme difficulty of detecting a well-planned system of imposture. Witness the recent case of Ann Moore, of Tutbury: and, as it is within the recollection of most of the present medical officers of Guy's Hospital, I will direct

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the attention of your readers to an extraordinary case which occurred there a few years ago, in the person of a woman, who, after a long watching, was detected in drinking her urine during the night, in order that she might not be supposed to have it in her power to evacuate her bladder.

It would have been better for Dr. Y. not to have made the unfortunate observations he does respecting the introduction of the catheter, seeing that A. F. and her mother declare he asserted it might be the death of her, if the bladder was examined by that instrument.

Not for a moment do I allow that the very true tadpole story can, by the most forced construction of any thing in my paper, be made to reflect upon the opinions of those celebrated men whose names Dr. Y. enumerates, and I most highly venerate.

Dr. Y. cannot now be offended if I say,

Mutato nomine, de te
Fabula narratur.

It is the case alone, I beg leave to repeat, and not the physiological question, to which I always consider myself bound to attend, and which, Dr. Y. well knows, he should have proved or disproved for the satisfaction of the public, before he wandered into such a long history of marvellous statements respecting ischuria and vomiting of urine. I cannot but admire his ingenuity in trying to get rid of this case with so much nonchalance: does he not remember telling me that he never lost sight of it, because he was of opinion that the disease which existed about the stomach, from the collection of urine, must soon kill A. F.; and that he had obtained a promise of being permitted to inspect her body after her decease? Dr. Y.'s own assertions, and the repeated declarations of A. F., would make it appear that he paid more attention to this affair, during the early stages of the urinous vomiting, than he is now ready to acknowledge.

Whether my paper was a more angry tirade than causes justified me in making it, the public must decide:—whether my account of the voluntary muscular efforts to blow out the epigastric region, in the manner which A. F. did, and which any person can imitate, is so confused as Dr. Y. represents it, I must not determine; but my friends think differently from him:—and whether he thinks A. F. is or is not an impostor, is what I am still extremely anxious to be informed of. I am, Sir,

Your very obedient Servant,

Bedford, Dec. 12, 1813. JAMES GIBBON.

To

To the Editor of the Medical and Physical Journal.

SIR,

I SHALL be obliged to you to insert in your next Number the subjoined case of Ischuria and Vomiting of Urine.

I am, Sir,

Your very obedient Servant,

Bedford, Dec. 10, 1813. G. D. YEATS, M.D.

Bedford, Dec. 6, 1811.—Ann Fooks, æt. 25, unmarried, about ten years ago, in the autumn of 1801, in jumping off a large log of wood, fell, and hit her stomach violently against a large stone, which did not give immediate pain, but caused a sensation of numbness from the back bone through the stomach. A degree of faintness supervened, which prevented her from rising immediately. This accident happened about two o'clock, one hour after having dined, solely on baked pudding, without having drank any thing. About two hours after the accident, during which she felt faint and languid, she became sick with pain at her stomach, and vomited up the whole of her dinner. The pain of her stomach, accompanied by great soreness on the slightest pressure, increased during that evening; and about ten at night she was again seized with vomiting, and brought up two tea-cupsful of blood, partly clotted, and of a dark color. She continued the whole of the night in great pain at the stomach, with repeated nausea, but without bringing up any thing. She took some gruel during the night, but it was brought up again in about an hour. On the following morning she again vomited a small tea-cupful of blood, more fluid, and not so dark-colored. She did not take any thing during the day from constant vomiting, attended occasionally with blood. This state of vomiting continued for five days, during which time she only took a little gruel as often as she could, for it very seldom remained on her stomach. At this period she sent for the medical attendant on the parish, who gave her some powders of a sour taste, which made her stomach smart, and they were thrown up. She still continued to be much troubled with the vomiting, bringing up blood more or less at different times. She was then ordered some purging salts, which remained on her stomach, and produced stools. The vomiting, however, still continued.

During the whole of this winter (1801-2) she took various medicines without any relief, the vomiting very frequently, almost daily, taking place, but only at times with blood. A troublesome cough also came on, which pained her sto-

mach very much, attended with an expectoration of yellow phlegm, mixed with blood, and with occasional shiverings in the evening, succeeded by great heat at night, and a cold sweat towards morning. This cough and hectic state continued during the whole of the winter and spring, was relieved in the summer, and returned the following winter. She was so weak at this time as not to be able to go abroad, and was frequently confined to her bed. Towards the spring of 1802 the vomiting ceased for four or five weeks. The stomach, however, still continued very sore, and began to swell. After the five weeks had elapsed, the sickness and vomiting of blood returned, on which the swelling of the stomach subsided.

This state of occasional vomiting, with swelling and soreness of the stomach, continued for two years, viz. to 1804. At the end of this period (during which she never went farther from home than to take a short turn in the garden) she felt much better, so as to be able to walk some distance from home; but on her return the same day, which occupied three hours, from her being greatly fatigued, she felt great pain and soreness at the stomach, and on the following day the vomiting of blood returned, and continued for several days.* About two months after this, in the 15th year of her age, the menses made their appearance, although she was at the time very much troubled with the vomiting of blood, which continued two days after this flow of the menses ceased.†

For six years after this period, she continued in a varied state of vomiting, with soreness of the stomach, and great heaviness after taking any kind of food, as if a weight pressed upon the stomach. If the vomiting ceased for a time, the stomach swelled, and became hard. Four years after the

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* The excitement of the system by the exertion of walking reproduced the vomiting of blood.

† I recollect the cases of two patients in the Infirmary who had vomiting of blood from mechanical injury. The vomiting of blood flowed in considerable quantity during the menstrual discharge. One of these patients had a suppression of urine for three days. In this state she walked to my house from home, a distance of three miles. She was sent to the Infirmary, where above two quarts of water were drawn off by the catheter. A third patient with suppression of urine, had also vomiting of blood. The coincidence of these cases with that of Fooks in the connection between suppression of urine and vomiting of blood, is curious. In Dr. Senter's case there was also vomiting of blood.

accident

accident described in the beginning of the case, she fell down stairs, and received a violent blow on the breast, which deprived her of her senses for several hours; and on the following day she vomited blood as usual. For two days previous to this fall the vomiting had remitted, and the stomach was swelled, sore, and hard. From this accident the left breast became discoloured, and was swelled and painful, and continued more or less so for two years. During the whole of this time, that is up to 1809, from their commencement, the menses made their appearance, but not at exactly regular periods, and at all times when they flowed the vomiting of blood was considerable. Sometimes they would return in nine days. In September of this year was the last time they occurred.

In February, 1807, she was received into the Bedford Infirmary, under the care of one of the surgeons, the physician being absent in Ireland. At this time the vomiting was troublesome, occasionally with blood. The hectic state already described was also very distressing. She remained in the Infirmary about three months, during which a sore broke upon the breast and was healed, when she was dismissed with nearly the same symptoms as those with which she was received, save the curing of the breast.*

About a year after she came out of the Infirmary, I was desired to visit her. Her condition then was truly deplorable. I found her with a stomach much swelled and painful, and with almost constant vomiting of blood, sometimes dark, and sometimes of a lighter color. The tongue and internal parts of the lips and cheeks were dry, and of a black color; and there was an eruption in blotches of a similar kind, but not so black, spreading to the nose. She had frequent flushes of the face with the same hectic state already described. She was in every way a miserable object tormented with pain. For a few days I directed for her several articles of the materia medica without the smallest advantage. The potash in a state of effervescence, with the citric acid, caused an intolerable burning pain in the stomach, as if applied to an excoriated part. There is no doubt the repeated exertions of vomiting must have denuded the stomach of a considerable portion of the mucus which lines it, and is its natural protection against irritating substances. A great number of the internal vessels of the stomach were in an inflammatory state, and many of these vessels were ruptured, and were pouring out blood. These circum-

* A scar is visible on the breast.

stances very satisfactorily account for this extreme sensibility of the stomach. Indeed the appearance of what she vomited up, being of that dirty coffee color, similar to what is observed in the last stage of scirrhous stomach, impressed me strongly with the belief that there was an ulcerated surface within that viscus. In this miserable state, daily wasting from the exhausting influence of the discharge, and a preying hectic, it appeared probable that the powers of life could not long continue. I therefore discontinued all medicine, and desired her to live, as well as she was able to take it, on mucilaginous food. I occasionally called for about a month with the hope of finding an opportunity of rendering assistance, but none presented itself. I then ceased to visit her: it was indeed extremely painful to see her without having the power to afford relief to her complicated sufferings.

About Michaelmas, 1808, the previous summer having been passed in the state of vomiting already described, she began to complain of violent darting pains in the head, with indistinct and double vision; and the light was so painful to her eyes that it became necessary to hang a cloth before the window. This state lasted about six days, when she became insensible, and remained so for about ten days, sometimes dozing with her eyes half closed, moaning; and at times talking deliriously, and rolling her head about the pillow. During this period of delirious insensibility, a discharge of matter and blood, very offensive, took place one night from her ears and nose; and continued to discharge from her right ear for the space of six weeks. It was so considerable that it was necessary to renew the napkins which were placed under her head at first twice in twenty-four hours, although they were folded various ways at different times, in order to apply a clean surface to the head. Immediately after this discharge took place, the head became considerably relieved, and her senses began gradually to return. About a week after this discharge from the ear ceased, both arms, from the fingers to the shoulders, and both the lower extremities, from the feet to the hips, were attacked with considerable swelling of the œdematous kind, as they received the impression of the hands of any person who grasped her arms and legs. Her own hands were so enlarged and stiff with the swelling, that she could not close her fingers; and she was in a good deal of pain in both the upper and lower extremities. These swellings continued about three months, when they gradually subsided in the arms first. At Christmas, for two days and two nights, during this state, she passed not a drop of water, but there was a frequent irritation

tation to make it.* A druggist in this place came to see her, and sent her a draught of the diuretic kind; and during the night she discharged her urine. During the time that the swellings prevailed the most, the greatest quantity of water she passed in twenty-four hours was about a pint, but generally less; and soon after the swellings began to subside, she states her urine to have been considerably increased. The swellings of the legs did not entirely subside till May. She does not recollect that during this period there was any thing remarkable in her stools, except that they were slimy; and she was very costive.

In September of this year, 1809, the vomiting ceased. Three months after this she was troubled with great hoarseness, which has since occasionally returned. About this period she felt a great deal better, the stomach gradually becoming easier, but never feeling well, and no swelling coming on.

About the beginning of the following June, 1810, while sitting in her chair, she was seized with giddiness and dimness of sight, followed by a paralytic affection of her left side, which lasted between three and four months, and then went off. The stomach was not swelled at the time, neither was there any vomiting, but some nausea. In July she was attacked with a strong shivering, succeeded by a cold sweat all over the body, and accompanied by a violent tetanic affection of the upper extremities, which were forcibly drawn upwards and towards the chest, attended with very great pain, and clenching of the hands. This painful state of spasmodic contraction continued four or five days. The cold sweat lasted several hours. During these four days she recollects nothing else in particular, except that she was extremely thirsty. She was quite sensible.

The food at this time kept down; and the following Michaelmas, 1810, she was removed down stairs from the bedroom, but sickness soon came on, and she was again carried up, when she vomited a considerable quantity of blood, which continued returning for a fortnight. This reduced her very much, and the vomiting then entirely ceased without any swelling coming on. The soreness of the stomach, however, continued No vomiting or swelling of the stomach again took place till about five weeks ago from this time (December 6, 1811), when the vomiting returned, but without blood.

* "In pain for want of making water, and all the time felt an inclination to make it, but could not," are her own words. A similar occurrence took place in Dr. Senter's case, some time before that suppression which immediately preceded the vomiting of urine.

For

For a week previous to this return of vomiting, she had past no urine.* For ten days after this suppression of urine, she had no stool naturally, although she took different kinds of opening medicine in the form of pills and mixture, and also some castor oil: the latter was rejected, but the pills remained. Twice during this period she vomited up fæculent matter. About two days after the second fæculent vomiting, she had a stool naturally, but extremely costive, hard, and lumpy, unmixed with any thing. With the effort of passing this stool, she had a violent pain just above the navel. After this she had no more fæculent vomiting, and had stools naturally, not, however, without the aid of medicines; and for several times they were costive, but afterwards they became more liquid. Soon after she had ceased to pass urine, the stomach again began to swell. It is now six weeks since she past any urine naturally; but it has frequently been brought up by vomiting, at the interval of one, or two, or three days, often clear, and unmixed with any thing. The last time she passed urine naturally was on the 21st of October, 1811. It was clear when first made, but became thick on standing. To the best of her recollection, the first time she vomited a fluid of a urinous taste was a day or two after she had the first costive stool,† and it was mixed with phlegmy slimy stuff; and from this period she has continued to vomit a nauseous fluid, sometimes clear like urine, and sometimes mixed with various matters, and says that her private parts and passages are hot, dry, and sore.‡ Since the return of the swelling of the stomach last mentioned, it has remained much swelled, painful, and hard; and for the last two days the vomiting is of the color of cho-

* At this suppression she described to me no symptom of irritation to pass her urine; and once or twice on visiting her, I discovered no protrusion or fullness such as would arise from a distended bladder, on examining the lower part of the belly, but pain was felt on pressure, and in the back it was a recurring symptom. It appeared to me to be that species of suppression which arises from an impeded flow of urine into the bladder from the ureters. "There is no tumor in the lower belly, nor desire to make water," says Cullen on this species. Nosol. p. 352. Some physiologists, however, are of opinion that other glands than the kidneys may secrete urine. Paper on Ischuria, p. 335.

† I think it very likely, that, with the fæculent vomiting, some urine was thrown up, not perceptible to the taste from the nauseousness of the former.

‡ Sometimes she has vomited urine twice in the same day, but generally at the intervals mentioned; but all the matters vomited at any time had a urinous taste.

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colate grounds, of a very nauseous taste. Complains of much thirst; no appetite; the bowels are at present regular; is troubled with much shivering, and considerable fever and flushes of the face in the evening, and cold sweats towards morning; pulse 80, small, and weak; tongue clean, but redder than natural; says her mouth feels clammy; her tongue is sore, it is a little chopped in the middle; eyes light grey; hair dark brown; teeth very good, and perfectly white; skin fair, with a florid complexion before her illness, but now she is very pale; respiration quick and short, owing to full inspiration causing pain at the stomach; is also troubled with a cough; has very little rest; complains of a smarting, and darting pains in the stomach, which is swelled and prominent from the spleen to the liver, and to the umbilicus, protruding in an elevated state from those parts, and it is extremely tender to the slightest touch. The stomach does not wholly subside during the act of vomiting, but becomes hollow at the time at the upper part.* Such is the situation in which I saw this girl on the 6th of December, 1811.

May 8, 1812.—Since last report, she continued to vomit a urinous fluid until Sunday, April 12, at the interval generally of one or two days; and says, that the longer she continued without vomiting, the more nauseous and high-colored was the liquid vomited; for sometimes she would be three days without vomiting. On Monday, April 6, previous to the Sunday of passing her urine naturally, she took an emetic, which brought up by measurement nearly two quarts of a slimy liquid of a most nauseous urinous taste and smell. This emetic was taken about five P.M. This afforded her great relief from the harassing nausea and load at her stomach;

* This partial contraction of the stomach is a curious fact, to which, on another subject, Mr. Home, of the Hunterian school, alludes, in some experiments which he made. "During the investigation of the functions of the stomach, it was found, that while digestion is going on, there is a separation between the cardiac and pyloric portions, either by means of a permanent or muscular contraction. This fact placed the process of digestion in a new light, and led me to consider in what way the quantities of different liquors so often taken into the stomach can be prevented from being mixed with the half-digested food. Pursuing this inquiry, I found that the fluids are principally contained in the cardiac portion, and the food that has reached the pyloric portion is usually of one uniform consistence, so that the fluids beyond what are necessary for digestion would appear to be carried out of the stomach without ever reaching the pylorus." Phil. Trans. 1808.

but

but in the night, about twelve o'clock, she was seized with a coldness, and a great general shivering. This continued more or less the greatest part of the night. Upon the accession of this rigor, a very acute pain of the bowels, below the navel, came on, and was shortly succeeded by five or six evacuations per anum, of slimy clotted blood with tenesmus, unaccompanied by fæces.* "On the following morning (Tuesday) she became insensible, with muttering delirium, and she frequently screamed out from pain. She seemed stupid, and only appeared awake by her talking. Her eyes were in a great measure closed, except she was teased to be spoken to. When roused from this stupor, she would talk wildly, at times complaining of her back. This state lasted till the Sunday following, in the afternoon of which day she became more restless and uneasy, complaining of great pain in the lower belly, and about the loins. Her mother imagining from these circumstances that she wanted an evacuation, took her out of bed for the purposes of nature, when she past about a pint of dark-colored urine, of a strong smell, with great pain. After being put into bed again, her senses began gradually to return, and all delirious insensibility disappeared on the next morning (Monday), but she was confused at times during the night."† She now makes water naturally, but always with pain, and so little at a time, that she is three hours in making about a pint, the pan being under her all that time. It is now half past twelve meridie, and at the moment I am taking from herself the notes of her case, the pan is withdrawn, and she has past about a pint of a dark-colored fluid, of a very strong urinous smell, evidently mixed with blood. The general constitutional symp-

* Urine may have past off with the fæces at this time. The stomach never entirely subsided during the time of the suppression. It formed a reservoir for the reception of morbid secretions of its own disease, as well as of the urine. I may here mention, that in the Phil. Trans. for 1808 and 1811, some curious experiments are published by Mr. Home, which show a more direct communication between the stomach and urinary bladder, than through the medium of the general circulation. These experiments were made on dogs; in some the thoracic duct, in others the lower orifice of the stomach, was so well secured by ligature, that after the death of the animal it was clearly seen that nothing could pass that way; yet the urine was found highly tinged with rhubarb, an infusion of which had been injected into the stomach of the living animals after the ligatures were made.

† The account within the inverted commas was received from the mother and an attendant who were with her, as the girl herself does not know what happened to her during this state of insensibility.

toms and local ones of the stomach continue as already described. She always feels pain and a burning at the stomach after any kind of food, which consists of sago, arrow-root, &c. These are generally taken with sugar, and sometimes with two tea-spoonfuls of cowslip wine. She has taken a pap-spoonful of port wine mixed with three parts of a cup of water; even thus diluted, it feels hot to the stomach. She cannot touch any thing of the kind except largely diluted, as it causes excruciating pain in the stomach. She takes her mucilaginous food in the quantity of a gill six times in twenty-four hours.

July 3, 1812.—She has continued to pass her urine naturally, which at first was mixed with blood; but within the last fortnight her urine has become clearer. She says she is quite certain the bloody urinous fluid comes by the natural passage entirely, as she has frequently past it without stool, and she has no discharge of any kind from the uterus. She has generally a stool daily, sometimes only once in two days; and her stools are invariably mixed with a bloody frothy matter, and sometimes the discharge is without fæces. The swelling of the stomach has subsided gradually after the bloody stools commenced, but the region of that viscus continues very sore to the touch, and gives great pain on pressure. She is unable to take any solid animal food without great distress: she swallowed a few days ago a small piece of roasted lamb, but she felt great weight and violent pain at her stomach for some hours, with nausea, when she was relieved by a stool similar to those already described. The only food she is able to bear is light soft pudding, arrow root, and things of that sort. Her appetite is very deficient; thirst considerable.

July 6.—Her nights are generally sleepless, on account of an aching uneasy feel at her stomach. Pulse about 86. I have this day minutely examined the whole of the abdomen. A tenderness is complained of above the pubes, extending a little way right and left. A tenderness is also felt over the liver and spleen; and upon pressure being made between these organs, exquisite soreness is complained of, and if the pressure be made with firmness, it causes agony with nausea. She is very pale and thin. Her breasts have not suffered the same degree of emaciation with the rest of her body; they are, however, flaccid. With a view of endeavoring to render her service, I directed a decoction of bark in almond milk, that the bark alone might not irritate the stomach, so highly sensible from disease. After being used for a while, it was given up, as it produced no great good, although she thought it improved her appetite. Opiate pills were directed

at the same time to allay pain. She remained comparatively at ease from the use of the pills till the evening of July 22d, when she was seized with a cold shivering and pain in her limbs, succeeded by a burning heat all over her, accompanied with vertigo and dimness of sight. She has been quiet as to nausea and vomiting, till the accession of the cold fit, when she was very sick, and has since continued more or less so. The bowels are torpid, and she has recourse to an opening mixture. Her stools are of the same kind as those already described. The urine is of a natural appearance: she has now no pain in making it. The pulse is quick; much thirst; no disposition for food; stomach very tender to the touch, and not swelled.

Wednesday, August 26.—The stomach was a little swelled, and, as usual, sore to the touch on Sunday morning last. I saw her in this state. During Sunday night very great darting pains were felt in the stomach; sickness, but no vomiting, was troublesome; and Monday morning the swelling began to subside, followed by a considerable quantity of blood by stool; and the swelling is now quite gone down. Nausea continues at times.

Friday, August 28, twelve meridie.—I am now witnessing her vomiting blood: it is rather florid, without clots, and unmixed with any thing except phlegm. She has been sick the whole night; takes cold water with relief.

29th.—The vomiting of blood ceased yesterday afternoon, but returned this morning with much violence. It is now eight P. M. I have seen her four times to-day, during which she has been nearly in a constant state of vomiting, and has brought up by measurement, with what she vomited yesterday, nearly a quart of blood, to all appearance pure. Her pulse is exceedingly quick and feeble, and at one time to-day thready. She has the appearance of a dying person. At one of my visits to-day were present Messrs. Short, Gibbon, and Leach, surgeons.* At my visit at noon she was directed to take some Tinct. Opii in Lac. Amygdal; it had no effect in checking the vomiting. Her constant call is for cold water, from which she finds the most relief: one grain of opium to be taken to-night.

Sunday, August 30.—She took the opiate pill last night about nine o'clock. From that time till four o'clock this

* At this meeting she was considered in a very alarming state, and too hazardous to remove her to the Infirmary at the time, as I had intended. I abandoned this intention from the alarming state in which she continued, showing, beyond the possibility of a doubt, a highly morbid condition.

morning

morning there were intervals of rest. At four the vomiting returned; eleven A. M. sickness and retching still continue. She has brought up nearly half a pint more of blood since I saw her last night about eight. Complains of being very faint; constantly calls for cold water; has taken since the day before yesterday nothing more, the cold water excepted, than half a tea-cupful of sago. Pulse 118, feeble. About one hour ago she past, without pain, about half a pint of urine, pale, like what hysteric people pass. Repeat the opiate at six o'clock P. M. Since my visit at eleven to-day, she has vomited nearly half a pint more of blood. The vomiting has ceased since five, but there is a gulping or retching without bringing up any thing. Complains of dimness of sight, and much pain in the lower limbs. On examination, the right leg is drawn up in a contracted state: it requires some force in attempting to straighten it; the tendons are rigid. While sitting here she has past a gill and a half of urine, limpid, but of a urinous smell. Repeat the pill.

August 31.—Past a restless night from sickness, but the hæmatemesis has much diminished; blood, however, is occasionally brought up. Last evening the left arm was convulsed for a time similar to the leg. The body being costive, an enema of oil, sugar, and gruel was directed last night, to be given this morning if no stool was past. One came away in the night very watery, and so quick that there was no time to give the pan. At four and five this evening she past two stools, fœtid, loose, and without blood. Nausea is still troublesome, but she took a tea-cupful of mutton broth, which remained. Has just made water: the pan was introduced in my presence, and withdrawn, containing somewhat more than a gill of limpid urine.

Nov. 8.—Since the report taken on the 31st of August, her symptoms have been nearly the same as those already described. She has at times vomited much blood; and instead of the opium alone, she was directed to take every six hours pills containing one grain of opium with five of gum kino. These had no effect in permanently restraining the hæmorrhage. To allay the heat of the stomach attending this symptom, she has constant recourse to cold water. She complains to-day of considerable pain over the region of both kidnies, which are tender on pressure. Pulse very quick, small, and feeble. Complains of being faint; and she has just broke out into a sweat. She has fainted while I am writing. Pulse at the wrist obliterated; and she is motionless, with the interruption of an occasional sob and deep sighing. This faintness lasted about three minutes, when it

went off, preceded by yawning, and the gradual return of the pulse at the wrist. Has suffered several such fainting fits since the return of the vomiting of blood, which was witnessed by Mr. Short, Mr. Gibbon, Mr. Leach, and myself, at that time. The pills do not give the ease they first did. She was ordered a phial of laudanum, to be had recourse to in the quantity that circumstances might require.

January 11, 1813.—Since the last report in November, the symptoms of vomiting, soreness of stomach, &c. have continued in varied degrees. During this interval, I have visited her many times, and have seen her vomit much blood. Her urine has been past naturally, and almost always pale. On visiting her to-day I find her with a voice almost inaudible from great hoarseness. The whole of the left side is spasmodically affected. The fore-arm is so strongly contracted that with much force I could not straighten it. The left leg is drawn to an acute angle with the thigh, by the spasmodic state of the muscles. Her pulse is exceedingly quick; the tongue drier than usual; the countenance extremely pale; says her stomach feels less sore. She has vomited a dark-colored fluid with a tenacious thick sediment, exactly of the color of chocolate.

Sunday, June 20, 1813.—I have very frequently visited this girl since I last took an account. I have uniformly found her in the same state of painful disease and misery. The pulse is on this day 120, and feeble; countenance very pale; tongue very dry. The quantity of food taken lately is very small, chiefly tea; but it is frequently thrown up again, and sometimes with blood. The ankle and instep have swelled lately, and are so at present, indenting on pressure.

Nov. 19, 1813.—Such is the history of the case, copied from my notes, which were taken entirely from the girl herself, except those parts of which, from insensibility, she could not give an account. It was read over to her this evening in the presence of a clergyman, as being the statement I had taken from herself. It was not published before at the call that was made, for one reason, which was given to Mr. Pulley in conversation before that call appeared in print, viz. that I waited to see whether death would take place, that I might add the dissection (which I was promised) to the history of the symptoms. The girl is now as she has been at different periods of her illness, in a comparatively meliorated state. She is still confined to bed; is very pale and thin. The vomiting of blood is much mitigated, though she brings up a small quantity occasionally. The bowels are torpid; urine very pale; no menstruation; it has ceased for a considerable time.

time. She is not able to eat meat in a solid form.* She occasionally takes some broth,—that but seldom; lives chiefly on farinaceous food, and puddings made of apple; is very thirsty. The region of the stomach is more prominent than natural, and it is sore to the touch. For several weeks during the last three months she sweated so profusely that it was often necessary to have her linen changed every hour.

[This valuable paper will be concluded in our next Number.]

For the Medical and Physical Journal.

ACCOUNT *of the* MEDICAL EFFECTS *of* ELECTRICITY, *by* PARKER CLEVELAND, ESQ. *Professor of Mathematics and Natural Philosophy in Bowdoin College.*

IT is not in the least surprising, that an agent so subtle and powerful as electricity, and so wonderful in its effects, should have excited much speculation, and led to many fanciful conjectures with regard to its influence, as a remedy in disease. Not content that it should occupy its proper rank, its friends have, in some periods, gradually extended its supposed efficacy to almost every disease incident to the human system. But, whatever may have been the varying reputation of electricity, in regard to its medical application, sufficient is now known to authorise the belief, that it is a powerful agent in the animal economy, and exerts an important influence on the human body, both in a healthy and diseased state. It may yet prove to be the principal agent in the secretions, compositions, and decompositions of both the animal and vegetable kingdoms. One thing is certain; the only method of ascertaining its effects on the human system, is by careful experiment, accurate observation, and a numerous collection of facts. The discovery of galvanism can hardly fail of promoting these objects, by the facilities it presents for electrical inquiry.

The following cases may not contain any thing hitherto unobserved, but insulated facts, when collected and compared, may hereafter lead to some important general deductions.

In April last, Mr. P. of Bath, called on me for the purpose of receiving electricity. He was entirely deprived of the power of speech, and unable to produce any distinct sound.

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* She has not ventured upon any since the great suffering she experienced from the small piece she took as reported on the 3d of July. Dr. Girdlestone's patient was also unable to take meat.

With

With a great and painful effort he succeeded in making known his wishes by an imperfect whisper. When he thus whispered, both the shoulders were considerably raised. He complained of numbness and stricture in the breast. In this situation, Mr. P. had continued without any relief for about six weeks. His general health was comfortable. At first I permitted him to receive several shocks from a Leyden jar, of the capacity of one pint, about half charged, causing the fluid to pass from one hand to the other through the arms and breast. This charge he did not appear to feel above the wrists. I then gave the jar very nearly its full charge, and passed it two or three times through the breast. He then spoke, in a very audible manner, saying "my voice is coming." His voice then resembled that of a man somewhat hoarse with a cold. He added, "I feel a little of it (meaning the numbness) yet about the lower part of my breast." I then passed two or three similar charges through the part in which the numbness was felt. By this time Mr. P. spoke with his natural voice, and, as he assured me, with perfect ease; being entirely free from any numbness. As he was leaving the laboratory, I observed that the finger which he had applied to the brass knob of the jar was entirely devoid of colour. It was cold and incapable of sensation. I passed a few charges through it, and in the course of a few minutes its colour returned.

So great a change in the space of five minutes was to me surprising; and I took the liberty of requesting Dr. Stockbridge of Bath, whose patient Mr. P. was, and who had sent him to me for the aforesaid purpose, to furnish me with a history of this man. Dr. S. very politely forwarded me an account of his patient; of which the following is an abstract. In October, 1787, Mr. P. (being then eighteen years old) while making uncommon efforts to lift a boat, felt something give way in his back. He immediately fell to the ground, and there remained several minutes, in great pain, with fainting. After recovering so much as to walk, he waded through water, as deep as his breast, and received a severe cold. In about a week he was attacked with a fever, attended with acute pain in the left side of the throat, and a severe cough without expectoration. His fever soon left him, but he remained infirm about five years, and was supposed by his physician to be consumptive. On the expiration of this time he so far recovered his health, as to be able to attend to his usual business. He was, however, soon visited by another disease. This commenced with a trembling of the extremities, and an indescribable uneasiness in the feet and hands, extending in a few minutes to the breast, and causing him instantly

instantly to fall senseless and convulsed. After remaining from two to five minutes, he recovered, and felt no inconvenience, excepting some degree of debility. He was frequently attacked in the same way, and generally after great fatigue and exposure to cold.

Mr. P. is a tanner. In June, 1796, while shaving leather at the currying beam, he was seized with acute pain at the point of the sternum and short ribs. This suddenly extended up the breast to the throat, and instantly subsided, leaving him entirely deprived of the power of speech, with a sensation of numbness and stricture across the lungs. The power of coughing was almost suspended, and it was with difficulty and a painful sense of suffocation, that any mucus collected on the lungs, could be expectorated. In this state he remained eighteen days, his general health being good, and sleep easy. He was at this time relieved by a few shocks of electricity, passed through the chest. Mr. P. enjoyed comfortable health, till September 1802, when he was again deprived of the power of speech. He complained of numbness and stricture on each lobe of the lungs, while in the region of the sternum he felt free and natural. At this time he applied to Dr. S. who advised an epispastic, and a free use of onions, garlic, &c. By feeding on these, he found himself relieved without employing the blister. He continued subject to slight returns of this disease, until 1806, when a large abscess, formed on the back between the scapula and spine, suppurated and discharged copiously; after which he was entirely free from any attack, and enjoyed good health till the last spring, when he was relieved in the manner before related. A short time since I understood he continued in the possession of comfortable health.

Another case, in which the subject was deprived of the power of speech, and in which electricity was applied without success, was that of a child, aged about ten years. While engaged in play, one of his companions threw a stone, which struck him on the back of the neck; in consequence of which blow, the child instantly became unable to speak, and his tongue remained incapable of motion, being very much withdrawn from the mouth toward the throat. In about half an hour he so far recovered his speech, as to inform his parents in what manner he had been injured. He then relapsed, and remained incapable of speaking for two months. On application to Dr. Lincoln, of Topsham, he advised to employ electricity. The child was accordingly brought to me for that purpose; but, so great was his terror, I was unable to pass any shocks through the neck. I could do no more than fill the child with the fluid, and draw a few sparks

through

through flannel from the neck. No good effect followed. Dr. L. then applied a blister, which afforded immediate relief.

A short time after, the same child, falling backward from his seat at school, and striking the same part of his neck, where he had received the blow from the stone, was again deprived of the power of speech. In this situation his friends permitted him to remain for five years, without causing any application to be made. At the expiration of this period, the boy was engaged in a violent scuffle, in which his limbs were very much exerted, and his passions somewhat excited. During the ensuing night he awoke from sleep, found his tongue at command, and the power of speech returned. Very possibly electricity might have given relief in the latter case, could it have been communicated in shocks. This, however, cannot be inferred from the former case, as the loss of speech in the two instances, was attended by very different circumstances.—*New England Journal of Medicine and Surgery, Jan.* 1813.

To the Editor of the Medical and Physical Journal.

SIR,

A STRONGLY marked case of that disease denominated by Dr. Sutton Delirium Tremens, having lately come under my observation, I feel much satisfaction in the task of reporting it to the medical world, through the medium of your Journal.

On the 21st of last month a physician and myself were sent for to Mr. P. a wine cooper, of an athletic figure and fair complexion, aged 34 years. We found him in a sitting room, dressed in black. He arose with a hurried movement and violent shaking of the arms and legs. His countenance was rather expressive of anxiety for something lost, than of wild fierceness; his eye, although suffused, was neither red nor sparkling; his hearing not impaired; his face rather pale than florid, and frequently covered with large drops of sweat; and the jaw a little dropt. He spoke, as he moved, in a manner both hurried and confused. His whole appearance and manner conveyed to me the idea of a man about to suffer for a great crime, in the moment he was in expectation of a reprieve. He had been raving when we were sent for, and endeavoring to escape from the house, under the impression that he was going to attend a funeral; and had dressed himself in black for the occasion. He fancied his pockets full of fowls, and busied himself in picking imaginary insects from his cloaths, the appearance of which he described as

similar to small mice. He mistook his nearest relations for other people, and his friends had been obliged to use force to keep him quiet; indeed, so unmanageable had he been before we saw him, as to require three or four men to hold him, and it had become absolutely necessary to secure the doors and windows, to prevent his escaping into the street; but to the doctor and myself he was tolerably rational, and perfectly condescending.

The tremors of the arm, and the starting of the tendons at the wrist, made it difficult to count the pulse, which was very unequal, or appeared so, both as to strength and fullness; but it exceeded 150 strokes in the minute. He would not acknowledge any pain in the head, although his friends said he had complained of it. He observed to us that he had pains in the limbs, and pointed to the precordia. He had not slept at all during four days and nights, and complained much of the want of sleep. His bowels were open; urine scanty and red; tongue white, and rather furred; considerable thirst; and the face and neck unusually moist. His habits for some years had bordered on daily intoxication, and he was much addicted to smoking tobacco. Some weeks ago he had been briskly purged on account of a contusion of the arm, by the medical gentleman who then attended him. Under all these circumstances, it was determined to draw sixteen ounces of blood from the arm, which was readily accomplished, after the assistants had sufficiently steadied it, which proved a difficult task, as the tremors, or rather spasmodic twitching, were so violent and incessant. The opening was made, and the blood flowed with unusual force and rapidity: as it passed he became more tranquil, and the sweating from the face and neck ceased; but in a few minutes after the arm was bandaged, the trembling and hurried manner returned. The physician with whom I had the satisfaction to attend, observed that this disease bore much similarity to that lately described by Dr. Sutton under the name Delirium Tremens; and considered it a fair opportunity for putting his practice to the test, in which opinion I perfectly coincided. One grain of pure opium was immediately given, and repeated every second hour: in the evening the patient had taken five of the one-grain pills, but was rather more hurried, more confused, and more delirious; with a pulse, if possible, more rapid and unequal. He was now ordered a grain of opium every hour. On the morning of the next day he had taken seven more pills, in all twelve grains, without any material amendment. Four draughts were now ordered him, each containing four grains of opium, one of which he was to take every third hour; and

as there remained three one-grain opium pills, he was directed to take them also, if he did not fall asleep before night. He took the four draughts and the pills, which, with the former, made *thirty-one grains* of opium in less than *thirty-six hours*. About nine at night he fell asleep, from which in some hours he awoke perfectly sensible, and without tremors. Pulse 104, soft, full, and steady; tongue clean; urine natural; bowels open; and the sweat gone. A draught containing three grains of opium was given at bed-time. On the following day the tremors slightly returned, with some aberration of mind. Three draughts were prescribed him, each containing four grains of opium, all of which he took before midnight. The tremors still continuing perceptible, an infusion of valerian root, with camphor, was ordered: this he took without any apparent good effect. Four grains of opium were taken at bed-time, and the like dose repeated at midnight, which procured him some little sleep. He still remained much indisposed, and the opium was this day (the 26th) altogether omitted. On the 27th, at bed-time, he took five grains of crude opium in the form of pill, and the like quantity was repeated the following night. About twelve o'clock he fell asleep, and continued sleeping, with little interruption, until five the ensuing evening, in all seventeen hours, when he awoke, perfectly free from tremor—calm—and collected. We discontinued our visits from the 4th instant, having the satisfaction to leave him perfectly restored in mind and body. I had some conversation with him yesterday (the 11th), and find he has not had the least return of his complaint.

It is remarkable that through the disease the appetite was good; and that after the first grand exhibition of the opium, the pulse became nearly natural, the tongue clean, the skin free, without partial sweats, the urine of the usual color, and the bowels continued soluble. During the first eight days he took *sixty-four grains of opium.*

In the sketch given of this case, I think there is sufficient shown to establish a diagnosis from phrenitis; a point of the highest importance; for, as the practical distinction is great, the diagnosis should be clear, and to prevent mistake the names of the two diseases should bear no resemblance to each other. I therefore would prefer the name adopted by Dr. Sutton, although it may be objectionable, to that lately proposed in a criticism on Dr. Sutton's work.

I have the honor to be, Sir,

Your obedient Servant,

CHARLES JAMES PERRY,

Member of the Royal College of Surgeons in London.

Bristol, Dec. 12, 1813.

For

For the Medical and Physical Journal.

On the FORMATION *of* FAT *in the* INTESTINES *of* LIVING ANIMALS; *by* SIR EVERARD HOME, BART.

THE investigation of the digestive organs of different animals, in which I have been engaged for many years, has led me imperceptibly into an inquiry respecting the particular uses of the lower portion of the intestines in birds and quadrupeds.

The first thing that attracted my notice more particularly to this subject, was finding that in all animals, whose stomachs are made up of a great variety of parts for the purpose of economizing the food, the colon has a greater extent of surface, and the course of the canal is so disposed, that its contents must be a long time in their passage through it. This circumstance led me to believe that the food, after the chyle is formed and separated from it, undergoes in the lower intestines some changes, by which a secondary kind of nourishment is extracted from it.

The opinion was much strengthened, by finding that the colon of the casuary from Java is only one foot long, and each of the cæca, which are appendages of it, only six inches long, and a quarter of an inch in diameter; while the African ostrich has the colon forty-five feet, and each of the cæca two feet nine inches in length, and at the widest part three inches in diameter: besides which, both the colon and cæca have very broad valvulæ conniventes not met with in the casuary from Java. This wonderful difference, for it is more than fifty to one, can only be explained by the luxuriancy of Java being so great, that this bird might destroy its health by over feeding, had no guard been furnished by nature.

This guard is, the food passing through the intestines with so much facility, and in so short a time, that however much the bird may eat, only the necessary quantity of nourishment is carried into the constitution; but in the African ostrich, the food is retained in the extensive colon till every thing nutritious is extracted. In all ruminating animals, the colon is of great length, is fixed in its course, which is very intricate, and varies in every different genus; so that we cannot doubt of some particular process being carried on in it.

The process which the contents of the colon undergo, is quite distinct from any thing carried on in the other intestines, since they intirely change their appearance and smell; and there is commonly a valve to prevent any part of them, even the gases evolved, from being carried up into the small intestines.

The peculiar smell of the fæces, which borders so closely on that from putrefaction, although by no means the same, led me to compare them with the animal matter buried in the earth, which is converted into adipocere: in both cases the substance is in the incipient state of putrefaction, but that process never completely takes place; it is excluded from the external air, is either under water or within the reach of imbibing moisture; and there is no substance whatever, the chyle excepted, which can better supply the waste produced by the actions of growth and muscular exertion, than animal fat.

The more I canvassed this new opinion, the greater number of circumstances in favor of it occurred to me; one of the strongest of which is, that there is no other mode I am acquainted with, by which animal fat can be formed. To this may be added the curious circumstance of the sleeping animals, which lay in so large a supply of it, in a short time, to serve for their winter's consumption, having a formation of the intestines almost peculiar to themselves, in which there is no valve to distinguish the colon, and no fixed course for that intestine; so that the contents pass along with more facility, and remain a shorter time in the canal, the food being sufficiently plentiful during the summer to compensate for this want of economy, by which the lower intestines receive more abundant supplies for the production of fat. These intestines remain empty during the sleeping season, so that no fat can be formed in that period.—With this very important information, thus procured, in support of my opinion, I have been led to prosecute this inquiry with increased ardour, and shall now bring forward the facts I have been able to ascertain in confirmation of my hypothesis. These I shall detail in the order in which they were acquired, thinking it better to lay before the society the regular process of the investigation, than to grasp at once at the conclusions, which in the end of it I have felt myself authorised to draw.

I shall therefore begin by stating the circumstances under which adipocere is formed from animal matter, most nearly resembling those in which the contents of the lower intestines in living animals are placed; and this I shall do from facts, entirely within my own knowledge, the specimens of the adipocere being now in my possession; and afterwards go on by bringing forward proofs that a substance similar to it is formed in the colon.

Mary Howard, aged forty-four, died on the 12th of May, 1790, and was buried in a grave ten feet deep at the east end of Shoreditch church-yard, ten feet to the east of the great common sewer, which runs north and south, and has always

always a current of water in it, the usual level of which is eight feet below the surface of the ground, and two feet above the level of the coffins in the graves. In August, 1811, the body was taken up with some others buried near it, for the purpose of building a vault, and the flesh in all of them was completely converted into adipocere or spermaceti. In Stow's History of London, this part of Shoreditch is stated to be a morass, and since that time the ground has been raised eight feet. The clerk and the grave-digger observe, that at the full and new moon the water in the sewer rises two feet, and that at those times, there is water found in the graves, which at other times are dry.

The current of water, which passes through the colon, while the loculated lateral parts are full of solid matter, places the solid contents in somewhat similar circumstances to dead bodies on the banks of a common sewer.

The circumstance of ambergris, which contains sixty per cent. of fat, being found, in immense quantities, in the lower intestines of the spermaceti whales, and never higher up than seven feet from the anus, is an undeniable proof of fat being formed in the intestines; and, as the ambergris is only met with in whales out of health, it is most probably collected there from the absorbents under the influence of disease, not acting so as to take it into the constitution.

Ambergris is found in lumps from fourteen to more than one hundred pounds each; it is not to be distinguished in its appearance from the fæces, but when exposed to the air, it grows hard: a lump has been found in the sea weighing one hundred and eighty-two pounds.*

In the human colon, solid masses of fat are sometimes met with in a diseased state of that canal, and are called *scybala;* these are in all respects similar to ambergris.

Concretions of olive oil and mucus found in the human intestines must be formed in the same way. A case of this kind was communicated to me by our associate Dr. Babington, in the following letter:

"My dear Sir, 17, *Aldermanbury, Feb.* 2, 1813.

"The following are the circumstances relating to the change produced upon olive oil, by passing through the stomach and intestines of the elderly person, whose case I mentioned to you at the last meeting of our Animal Chemistry Society. The lady, in question, had for several years past suffered from severe affections of the stomach, which, from the attendant symptoms, were considered as occasioned by the irritations of biliary concretions. Many remedies having been resorted to without affording her other than temporary benefit, she

* Vide Phil. Trans. 1783.

was

was advised to try the effects of olive oil, taken to the quantity of two or three ounces at a time, and to be repeated as circumstances might require. From this she experienced almost immediate relief, and, on the subsequent examination of what passed from the bowels, globular concretions were uniformly observed, which by the persons about her were considered as the gall-stones, which had previously been productive of so much distress. This lady having occasion some months since to visit her friends in town, and a doubt having been suggested by one of her medical attendants in the country, as to the nature of the concretions in question, I was desirous, from the account that I had received, to have an opportunity of determining the point for myself; and therefore requested, that if the pain should recur, and she should be under the necessity of repeating her medicine, that the concretions, which had been said always to pass from the bowels in consequence of her so doing, might be reserved for my inspection. In a few days I was summoned to make my proposed visit, and, upon examining the substances collected, I found their appearance to be such as I have already described to you, namely, that of distinct globules, varying in size from that of a large pea to the bulk of a moderate grape, of a cream color, and slightly translucent, of sufficient consistence to preserve their form, and to bear being cut by a knife, like soft wax, but at the points of their contact disposed to cohere. When exposed to heat, they readily melted, and then at once exhibited their original oily character. The change, which they have since experienced, has taken place in the water in which they have been kept. I am, dear Sir,

" Your's always, very faithfully,

(Signed) " Wm. Babington."

" *To Sir Everard Home, Bart.*"

Our associate, Mr. Brande, afterwards examined the substance, and made the following report upon it:

" The globules voided appeared to be composed of the olive oil combined with mucus: the latter separated during putrefaction, and the oil was evolved, apparently unaltered. The relative proportion may be estimated at one-third animal matter, and two-thirds vegetable oil."

The following case, which was also communicated to me by Dr. Babington, shows that fat is sometimes formed in the intestines, and detected passing off with the fæces.

Elizabeth Ryder, four years and a half old, had been healthy for six months after her birth, when she became thin, had a sallow complexion, and was liable to jaundice. At a year and a half old, her belly was tumid, and she had great weakness in her back and limbs, for which complaints Dr. Babington was first consulted. At three years old, her mother observed something come from her, as she walked across the room, which, when examined, was found to be fat in a liquid state, which concreted when cold. Ever since that time to the present, she has voided, at intervals of ten or

fourteen

fourteen days, the quantity of from one to three ounces, sometimes pure, at others mixed with fæces; when voided, it has an unusually yellow tinge, and is quite fluid like oil. Her appetite is good, as well as her spirits, and her flesh firm; her belly rather tumid, but not hard: she is subject to occasional griping: her urine natural, and she sleeps well. The specimen on the table was procured under circumstances which precluded all possibility of deception.

These facts, so strongly in favor of the opinion I had taken up, led me to devise in what way it might be put to the test of experiment. I tried to extract fat from the contents of the colon in different parts of its course, but without success. Failing in this mode of obtaining any decisive conclusions, I was led to believe the cæca of birds more favorable for experiments on this subject, and had those of a duck examined by Mr. W. Brande after the bird had been seven days without an evacuation. This confined state of the bowels put the parts nearly under the same circumstances, as if they were in a diseased state. When the cæca were examined, they were found completely distended with fæces of the consistence of soft clay, so that, when the bags were laid open, the contents retained the same form. The intestine, immediately above the cæca, was empty, but the rectum was much distended: its contents were of a softer consistence than those of the cæca.

The following is Mr. Brande's report on this subject:

"The contents of the cæca were divided into two portions, of one drachm each, and comparative experiments were made with similar quantities of the contents of the rectum.

"*Exp.* 1.—One drachm of the contents of the cæcum was completely immersed in half an ounce of water, and kept for seven days in a temperature varying from 40° to 60°. At the end of that time, warm water was poured upon it, but no appearance of fat could be perceived.

"*Exp.* 2.—The same quantity of the contents of the cæcum was immersed in water containing one-fifteenth part of nitric acid, and kept under the same circumstances as in the former experiment. In seven days, warm water poured upon it separated a portion of oily matter, which concreted when cold, and appeared to be one-eighth of the whole mass.

"*Exp.* 3.—Portions of the contents of the rectum were treated in the same way as in experiments 1 and 2. That in water became putrid very rapidly, and showed no appearance of fat. The other, in the diluted nitric acid, was more

dissolved than in experiment 2. Considerable extrications of gas took place, but there was no appearance of fat."

From these experiments, we learn that the contents of the cæcum, being confined there for some days, are in a state readily to be converted into fat by nitric acid, while the contents of the rectum are not, probably from being too putrid.

While engaged in this inquiry, I received from Sir Joseph Banks the carcase of a wild swan, which the Hon. Mr. Pelham had shot in the neighbourhood of the Humber. On examining the cæca, their contents were found to be of a bright green color. This led me to propose to Mr. Brande to ascertain by experiment, whether an admixture of bile had any effect upon the process of converting animal substance into fat. The following experiments were made by Mr. Brande upon this subject.

Exp. 1.—He took two portions of human muscle of the same size, and digested one of them in human bile, the other in water, both placed in the temperature of 100°. In the first day the muscle in the bile underwent no change. On the second day it became soft in its texture, and had a slightly fetid smell. On the third day it became more fetid and yellow. On the fourth it had the smell of excrement, was flabby, very offensive, and fatty upon the surface. The portion of muscle, digested in water, had undergone no other change in the four days but becoming slightly putrid, and there was no appearance of fat whatever.

Exp. 2.—A similar experiment to that with the human bile, was made with a small portion of beef, and ox's bile, and the results were exactly similar.

Exp. 3.—The last experiment was repeated in the temperature of 60°. In four days the beef became slightly fetid, and of a yellow color; in six days it became more fetid, but there was no appearance of fatty matter.

Exp. 4.—A portion of beef cut into pieces was digested in ox's bile, at the temperature of 100°. At the end of the fourth day the putrefaction was more advanced than in experiment 2: the beef was washed and heated upon paper, but no greasy stain was produced.

From these experiments we learn, that the bile has a power of converting animal substance into fat; and that the temperature of 100°, or nearly so, is necessary for that process. We learn also, that this change is produced just as putrefaction is beginning to take place, and if the substance goes rapidly into putrefaction, no fat is formed, and, what is deserving of observation, the peculiar smell belonging to fæces,

so

so different from that of putrid matter, is produced at the time that fat is procured.

Having succeeded in changing animal matter into fat, by adding bile to it out of the body, I was desirous of ascertaining whether this process could be detected going on in the human intestines; and being in attendance upon a gentleman of an advanced age, who had been six days without an evacuation from the bowels, confined to bed by the gout, I did not let slip the opportunity of his having a very costive stool deeply tinged with bile, to make the experiment. The excrement was put into water, and kept heated for three hours to a temperature of above 100°. When the water was allowed to cool, a film was formed upon the surface, which appeared to be of an oily nature, and Mr. Brande ascertained it to be so. The quantity was not great, but quite sufficient to ascertain the fact; and next day the fæces having subsided, the fatty film was much more conspicuous. In the Phil. Trans. for 1673, p. 6093, a case is stated of a person who labored under an indisposition, attended with sickness and vomiting. In one attack of vomiting, he brought up matter resembling tallow, four pieces of which weighed half an ounce.

This process of forming fat in the lower intestines by means of bile, throws considerable light upon the nourishment derived from clysters, a fact well ascertained, but which could not be explained. It also accounts for the wasting of the body, which so invariably attends upon all complaints of the lower bowels. It accounts, too, for all the varieties in the turns of the colon, which we meet with in so great a degree in different animals. This property of the bile explains likewise the formation of fatty concretions in the gall-bladder, so commonly met with, and which, from these experiments, appear to be produced by the action of the bile on the mucus secreted in the gall-bladder; and it enables us to understand the following effects, which arose from the circumstance of no part of the bile passing into the intestines.

A child was born, at the full time, of the usual size, and lived for several months, but never appeared to increase in size, although it fed heartily, had regular stools, and the food seemed perfectly digested. There was no bile in the stools, and the skin was of a dark yellowish brown. I saw the child while it was alive, and was struck with its want of growth, and its having no fat under the skin, which made it appear longer than new-born children generally are. Upon examining the body after death, the only mal-formation met

with, was there being no gall-bladder, nor any duct leading from the liver into the duodenum.

From what happened in this case, a supply of fat appears necessary for growth, for the child was by no means wasted in its muscles, which it must have been had the constitution not been supplied with nourishment.

Animal fat has, I believe, hitherto been considered as a secretion, although there is no direct evidence in favor of such an opinion. It has nothing in common with the secretions; it is met with in all the interstices of the body; is very often quickly deposited, and in as short a time taken back into the constitution. In these respects it corresponds with the watery fluids, with which the body is supplied.

In a former communication respecting the stomachs of animals, I explained that water was taken up from the stomach by channels yet unknown, and carried into the circulation, from whence it is poured into all the cavities of the body, or thrown out altogether by the kidneys and glands of the skin.

On the present occasion, I hope that I have collected a sufficient body of evidence to prove that fat is formed in the intestines, and from thence received into the circulation, and deposited in almost every part of the body. When there is a great demand for it, as in youth, for carrying on the growth of the body, it is laid immediately under the skin, or in the neighbourhood of the abdomen: when not likely to be wanted, as in old age, it is deposited in the interstices of muscles, to make up in bulk for the wasting of the muscular fibres. There appear to be no direct channels by which any superabundance of it can be thrown out of the body, so that when the supply exceeds the consumption, its accumulation becomes a disease, and frequently a very distressing one.—*Phil. Trans. Part II. for* 1818.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Case of extraordinary Abstinence.

CICELY DE RYDGEWAY, in the 31st Edward III. being indicted and condemned for killing her husband, fasted forty days together in Arcta Prisona, without any

meat or drink. Of this extraordinary abstinence, the copy of the following Record, lodged in the Tower of London, is a proof.

Ex Rot. de Anno Regni Regis Edwardi Tertii 31 Partet, Memb. 11.

Rex omnibus ballivis et fidelibus suis, ad quos, &c. Salutem sciatis quod cum Cecilia quæ fuit uxor Johannis de Rygeway, nuper indictata de morte ipsius Johannis viri sui, et de morte illa coram dilecti et fidelibus nostris Henrico Grove, et sociis suis justic. nostris gaolam nostram Notyngh. deliberand. assign. allocuta, pro eo quod se tenuit mutam ad pœnam suam extitit adjudicata, ut dicitur, in qua sine cibo et potu, in Arcta Prisona per quadraginta dies vitam sustinuit, via miraculi, et quasi contra naturam humanam, sicut ex testimonio accepimus fide digno. Nos ea de causa, pietate moti ad laudem Dei, et gloriosæ Virginis Mariæ matris suæ, unde dictum miraculum processit ut creditur. De gratia nostra speciali pardonavimus eidem Ceciliæ executionem judicis prædicti; volentes quod eadem Cecilia a prisona prædicta deliberetur, et de corpore pro ulterius non sit impetita, occasione judicii supradicti in cujus, &c. Testimonium R. apud West. xxv die Aprilis.

Per. Bre. de Privato Sigillo.
Convenit cum Record.
LAUR. HALSTEAD, Deput.
ALGERN. MAY, Mil.

Diseases of the Laplanders.

It is curious to know the diseases to which a people are liable, that lead a life so different from ours, and that are strangers to all the baneful effects of luxury and vice, so prevalent among the civilised nations of Europe. Fevers are very rare, and so is the small-pox; which, from the great distance at which these people live from each other, cannot make its way through the community as it does in towns and populous districts. Hence, there are many Laplanders who have never had that disease, and who are liable to fall a sacrifice to it, when exposed to its infection. Intermittent fevers are rare; the coldness of the country counteracting the baneful effects of marshes and stagnant waters, in which Lapland abounds.

Swelled necks, similar to those that occur in Switzerland, and which are there known by the name of *goitres*, are frequent. They have been ascribed to the use of snow-water, but this must be a vulgar prejudice. It is much more likely that they are produced by something peculiar in the dress of cold countries; since it is in them only that they abound.

Sore or *blear* eyes is a disorder almost universal among the Laplanders, and is to be ascribed to two causes, either of which would probably be sufficient to produce a disorder in the eyes. Their huts or tents are constantly filled with a thick cloud of wood smoke. Now every person that has ever been subjected to the influence of this smoke, knows that it is peculiarly acrid, abounding in the fumes of vinegar, and of an empyreumatic oil; both of which act upon the eyes with great energy, and occasion a constant smarting. This I conceive to occasion the blear-eyed appearance which distinguishes almost all the Laplanders. During seven months of the year, the ground is covered with snow; the glittering of which, and the great quantity of light which it reflects, has a pernicious effect upon the eyes, weakens them, and is the probable reason why many of the Laplanders become blind in their old age. The absence of the sun during a part of the winter no doubt diminishes this evil, though it does not remove it entirely.

Female obstructions are rare, though sometimes met with among the better sort of people. It is said that the *catamenia* are much more scanty in Lapland than in the southern parts of Europe. Female diseases from debility are unknown. There are even instances of women walking twenty-five miles to church within five days after being delivered of a child.

Hysterics sometimes occur, but very rarely. Epilepsy is more common. Head-aches are frequent; and deafness is a common disease of old people. A swelling or falling down of the uvula is not uncommon. They cure it by cutting off the part affected.

Coughs and colds are exceedingly uncommon, notwithstanding the coldness of the climate, and the small means which they have of guarding against it. Cases of consumption now and then occur, but by no means so frequently as in Great Britain. It would be of importance to know whether a greater proportion of children die in that country than here; because it would enable us to ascertain whether the greater proportion of health which the Laplanders enjoy be owing to those of weakly constitutions dying in their infancy, or to their really having in general a stronger constitution than those nations among whom luxury and vice have made greater progress. I have little doubt that the first is the true cause, as it is of the great health which savages in general enjoy.

Pleurisies are common in spring and autumn; and lumbago frequently makes its appearance in summer. Asthma is not uncommon among old people; and cases of hoarseness now and

and then occur in winter and spring. Disorders of the stomach and bowels are not unfrequent; but they seldom last long. The stone, the gout, the jaundice, are entirely unknown to them. The absence of the stone deserves the attention of medical men. Some have ascribed this disease to the use of malt or fermented liquors; an opinion so far confirmed by its never appearing in Lapland, where fermented liquors are unknown. At the same time, reflexion will convince us that little stress can be laid upon such reasoning. Our knowledge of the Lapland diseases is necessarily very limited, being merely the information picked up by three or four medical men, during a journey through the country. The stone might easily have existed in Lapland without coming under their observation. The natives may be afflicted with the disease without ascribing it to the true cause. The existence of the stone in the inferior animals, even in those that go wild, and whose food, therefore, has not been altered by the interference of man, ought to prevent us from hastily ascribing the disease to any peculiar species of food. It is found both in graminivorous and carnivorous animals; though much more frequently, I believe, in the former than in the latter. We cannot, therefore, ascribe its absence among the Laplanders to their living on animal food almost entirely; though that may contribute somewhat, perhaps.

The great remedy which the Laplanders employ in most of their diseases is the actual cautery; a remedy much used by the ancient physicians, and still famous in Japan, where the substance employed for the purpose is called *moxa*. This substance, known in Lapland by the name of *toule*, is made of a fine fungus found on the birch, and always chosen from the south side of the tree. Of this they apply a piece as large as a pea upon the afflicted part, setting fire to it with a twig of birch, and letting it burn gradually away. This is repeated two or three times. It produces a sore that will often keep open for six months; nor must it be closed till it heals spontaneously. This remedy is used for all aches and pains, the head-ache, tooth-ache, pleurisy, pain in the stomach, lumbago, &c.

Sometimes they apply a kind of plaster called *kattie*, which is made in the following manner. The fine loose scaly bark of the birch is set on fire, and immediately quenched in water. It is then chewed, and afterwards mixed with fresh turpentine from the spruce fir, both being kneaded together by the hands, till the mass becomes a black uniform plaster. This is successfully applied to hard imposthumes, &c. which it brings to maturity without pain, in a short time, and promotes their discharge.

Tables

Tables of the mean Temperature of each Month of the Year in Stockholm and Petersburgh, cities situated nearly in the same latitude, and nearly at the same distance from the sea.—Both tables are taken from the registers kept in the two capitals, by the Academies of Sciences, who hold their meetings in the respective cities. The Stockholm register is the mean of fifty years, the St. Petersburgh of twenty years; so that both are for a period sufficiently long to give very nearly the correct mean.

	Mean height of Fahrenheit's thermometer at Petersburgh.	Stockholm.
January	12·1°	24°
February	16·1	26·5
March	22	29·5
April	35.5	38·5
May	48·5	52·5
June	54	59·5
July	64·6	64
August	61·5	58·5
September	51	50·7
October	39·4	41·5
November	27·4	31·5
December	18·4	26·5
Annual mean	37·1	41·93

Rain in Sweden.

From the flatness of the country, the smallness of the rivers, and the apparent diminution of the lakes, there is reason to believe that the quantity of rain which falls annually in Sweden is not great. This agrees with the registers which I have seen. The following little table exhibits the depth of rain in English inches, which falls annually in the southern, middle, and northern districts of Sweden:

	Rain.
Lund	18·29 inches.
Upsala	15·37
Uleaborg	14·85

Thomson's Travels in Sweden.

CRITICAL

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Treatise on the History, Nature, and Treatment of Chincough; including a Variety of Cases and Dissections. To which is subjoined, an Inquiry into the relative Mortality of the principal Diseases of Children, and the Numbers who have died under ten Years of Age, in Glasgow, during the last thirty Years. By ROBERT WATT, M.D. Member of the Faculty of Physicians and Surgeons of Glasgow, Member of the London Medical and Chirurgical Society, &c. and Lecturer on the Theory and on the Practice of Medicine in Glasgow. 8vo. pp. 392. Longman and Co. 1813.

WE have much pleasure in announcing to our readers the publication of this valuable work. The disease of which it treats is indeed familiar enough to our observation, but, like some others, it has not experienced that attention from practitioners, which its importance and fatality ought to have secured. Every family expects its visitation, and it has become a prevalent fashion to permit this malady to pursue its course with little interruption or assistance, unless such as is afforded by gossips, amulets, or domestic recipes. Is this abandonment of a most serious ailment to feeble, rash, and unauthorised hands, to be attributed to the inefficacy of medicine, or to the negligence and apathy of practitioners? We are disposed to inculpate the latter, and moreover to opine, that whenever the cure of a disease becomes intrusted to unprofessional hands, or that the medicines are supplied duly stamped, a newspaper advertisement, the sole guide and director, from a medicine warehouse, the source of such a sacrifice of understanding, must arise from the conduct of regular practitioners themselves. In the present instance, medical men have been forward to acknowledge that the disease depends upon a peculiar contagion, will run its course in spite of medicine, and the practice they have pursued has too frequently consisted of uncertain, trifling, and unscientific remedies. Medicines the most opposite in quality and effect, have been given upon empirical principles, which it ill becomes such practitioners to adopt and apply, as are for ever exclaiming against quackery, and denouncing its pernicious consequences.

Fatal

Fatal as hooping cough appears to have been from the earliest records of its appearance, Dr. Watt has been able to discover very few works of consequence upon the subject. He could not trace it in the writings of the Grecian, Roman, or Arabian physicians; while in Britain, and most parts of Europe, no period can be assigned in which the disease did not exist; in London it increased rapidly during the last century; and in Sweden, according to Dr. Rosenstein's account, chiefly taken from the bills of mortality, 43,393 children died of it between the years 1749 and 1764. In the year 1755, 5832 children were carried off by this distemper; and in the years when it has raged with less fatality, about 1700 or 2000 are lost by it.* In Glasgow, the scene of the author's observations, it has continued very uniform for the last thirty years, but rather on the increase. In some years the number of deaths is greatly more than in others, but on the whole it has run pretty nearly about five, or from that to five and a half per cent. of the whole deaths in the city. The greatest number of deaths by chincough in Glasgow, during the last thirty years, was in 1809, when they amounted to 259, or something more than eleven and a half per cent. of the whole deaths in the year. It is somewhat singular, that in the last twenty-five years, there have been only six single months in which some have not died of chincough; and in the last twelve months, not a month has elapsed without a death. Next to the small-pox formerly, and the measles now, chincough is the most fatal disease to which children are liable.

The author considers the disease as highly infectious, and arising from a specific contagion, the degree of which depends on the state of the atmosphere. There are very few instances recorded in which it is supposed to affect a person more than once. It chiefly occurs in infancy and childhood, though no age is exempt from it. From a table inserted, it appears that March is the most fatal month; and that fewer die in the months of July, August, and September, than in any other part of the year. It has also proved much more fatal in some years than in others.

The author thus describes the early symptoms:

"The chincough generally begins like a common cold, attended with more or less fever. The lips appear full, some degree of hoarseness and sneezing succeed, with a redness or turgescence of the face, and generally a watery irritating discharge from the eyes and nostrils. The patient has a greater disposition to sleep than usual, some difficulty of breathing or oppression about the chest, with a hard dry

* On the Diseases of Children, and their Remedies, p. 194.

cough.

cough. The appetite is somewhat impaired, attended with a costive or irregular state of bowels. The patient complains more than usual of cold, particularly in the back and extremities. After some days, the reverse of this takes place, he then complains of thirst, and a sense of heat over the whole body, the skin feeling harsh and dry.

"During the continuance of these symptoms there is occasional headach. The tongue is a little whiter and fouler than usual. The pulse is somewhat accelerated, and now and then irregular.

"This febrile state, which attends the commencement of Chincough, resembles in many respects the fever which precedes the measles or the small-pox. In some cases it is so mild, and continues so short, as hardly to deserve notice; in others it is more severe and protracted.

"In the generality of cases, as the kinks begin to form, the catarrhal and febrile symptoms abate, and the patient in the intervals feels himself quite well; but in others the fever continues, the kinks are less regular, and in the intervals the patient is languid and oppressed. The tongue continues foul, and the appetite bad. The pulse in these cases is weak, excessively quick, and often irregular. The skin assumes a livid color, while the patient's flesh and strength decline rapidly. This is one of the worst forms of the disease, and is most apt to occur in the young and plethoric. It is often fatal, for the danger is not apparent, till it is too late for any remedy to be of service.

"It has been remarked, that the chincough generally begins like a common cold. In some instances it continues in this form throughout the whole course of the disease. 'I have had instances of a disease,' says Dr. Cullen, 'which though evidently arising from the chincough contagion, never put on any other form than that of a common catarrh.'* The same circumstance has occurred within my own observation; and Mr. Burns remarks, that 'in young children, even death may take place, although the disease never fully forms.'†

"*Description of the paroxysm.*—Commonly about the end of the second, or beginning of the third week, the symptoms undergo a very remarkable change. During the cough the expirations become extremely rapid and altogether involuntary. By the continuance of this process the air is suddenly expelled from the lungs, and the patient appears in danger of suffocation. At last he is relieved by a full and violent inspiration, generally accompanied by a stridulous noise, like the crowing of a cock, or the rapid passage of air through a narrow brazen tube. The convulsive expirations are again renewed, and the paroxysm, consisting of these two parts alternately, is continued till relief is obtained either by expectoration or vomiting. The matter rejected is generally a tough mucus, occasionally mixed with the contents of the stomach, and sometimes with particles of blood.

"This manner of terminating the paroxysm, however, happens only in the more favorable cases; in the more severe, the paroxysm ends in the complete exhaustion of the patient, without any discharge whatever.

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* First Lines of the Practice of Physic, Section 1406.

† Principles of Midwifery, &c. p. 541, 2d Edit.

"The expirations during the kink resemble those of a common cold; but are much more rapid and violent. The inspirations, in most cases, bear a very strong resemblance to those of well-formed Croup. It is from the peculiar sound produced by the last of these processes that the disease has been termed *Hooping* cough. The *Hoop*, however, is in many cases completely wanting, and the patient feels no obstruction to the taking in a full breath. 'I have said,' observes Dr. Butter, 'that the Kinkcough is *generally* attended with a shrill inspiration; because it sometimes occurs without that symptom. Such a defect constitutes a variety of the disease, which may properly be denominated the *imperfect Kinkcough*.'*

"It may perhaps be owing to this difference in the nature of the kinks, that in the Bills of Mortality for London, particularly about a century ago, some of the deaths are arranged under the head of Chincough, and others under that of Hooping cough. Even in later periods, from the manner in which the two terms are introduced, one would naturally conclude, that two distinct diseases were meant. Be that as it may, with regard to the circumstance of having or wanting the *Hoop*, I have remarked a very striking difference, which deserves to be noticed. In one set of patients, we have the *Hoop* very long and distinct; but in these the expirations are less rapid and violent. The patient seems to gasp and strain, rather than cough. The face is dark-colored, the eyes are turned up, and there is generally a tendency to fainting or strangulation. The patients affected in this way are generally the very young and the plethoric. In the other set of patients, the expirations are rapid, and so very violent, that, to use the common expression, they look as if they would burst. The face in such cases is of a bright scarlet color, the eyes fiery, and as if they would start from their sockets; but the inspirations are performed as soon, and apparently with as much ease, as if nothing were the matter. Cases of this kind occur in the older and more robust.

"These bursting kinks, as the disease advances, become less violent. The expirations produce a sort of barking noise, and the cough is less confined to regular paroxysms. Sometimes the expirations are of this kind from the beginning, and continue so throughout the whole course of the disease. Mr. Burns perhaps alludes to this form, when he compares the cough to 'the chattering of a monkey quickly repeated.'†

"Dr. Gregory, sen. has noticed a very curious variety of the disease, of which Dr. Kirkland gives the following account: 'Duos notavit casus celeberrimus noster Præceptor Gregorius, quibus non continuo tussiendi paroxysmo sonora inspiratio, sed loco inspirationis syncope superveniebat, et, aliquot horæ sexagesimis post syncopen interjectis, demum subsequebatur, solito more, inspiratio et alter tussiendi paroxysmus.'‡

"When the kinks are of the Hooping kind, the face, as I have

* Treatise on Kinkcough, p. 3.

† Principles of Midwifery, &c. 2d Edit. p. 541.

‡ Dissertatio Inauguralis de Pertussi, p. 3. 1772.

already

already remarked, becomes swollen, and of a dark purple color, the veins of the head and neck are distended as if ready to burst, and the patient gasps, and has the appearance of sudden suffocation. If he remains long in this situation without making any noise, he is said to have taken a *dumb kink*. In those violent efforts the extremities become cold, a sweat breaks out on the forehead and temples, and even blood is frequently forced from the nose, mouth, ears, and eyes. In many cases, the patient is actually suffocated, falls into a faint, or is seized with convulsions. When the inspirations are long and very difficult, the patient is said to have fallen into the *back draughts*. This symptom is generally regarded as little better than the *dumb kink*, both of them showing the disease to be of a very unfavorable nature.

"We have seen that in children the form of the kink is very different; in adults we meet with a similar variety; but the hoop seldom or never occurs. The bronchial system, at this period, is perhaps incapable of taking on that morbid state on which it depends. In two young women between twenty and thirty, the kinks were very severe and frequent. The face was flushed, and the whole body much agitated; but there was no apparent difficulty in the inspirations. In the lady's case, who had this disease along with her children, the kinks were of the same description, but accompanied with a most violent headach. These were the only adults I remember to have seen under the disease.

"Dr. Heberden remarks, that 'adults are, as it were, overpowered at once upon the access of the fit, so that they fall down instantly, as in an apoplexy, but they very soon come to themselves; this is a distinguishing symptom of the disease in those who are grown up.' *

"Dr. Butter gives the case of a woman of thirty, the mother of several children, and at the time in a state of pregnancy. He does not mention any affection of the head among the symptoms, but remarks, that 'sometimes the fit was so severe as to threaten suffocation. She sometimes expectorated a white thick phlegm, and then the fit was short. A severe fit was always attended with a clear ropy expectoration. She complained also of pain in her right side, which sometimes shot through to the other, and sometimes downward, so as to imitate labour pains.'† The disease was subdued in a short time by the use of hemlock and other remedies. The patient was afterwards delivered of a healthy child, and had a good recovery."

The fits vary much in frequency and severity, and recur at irregular intervals. The appetite is various, at times voracious, at others impaired. The author considers a great desire for drink a bad sign, and deems a free indulgence hurtful. He thinks "a tea-spoonful or two will quench the thirst as well as a full draught, while it weakens and oppresses the stomach much less." In this particular we can-

* Commentaries on the History and Cure of Diseases, p. 434.

† Treatise on the Kinkcough, p. 61.

not unite with him in opinion, having never witnessed any unfavorable circumstance from allowing a child a moderate portion of any aqueous beverage. Dr. Watt had previously remarked, that nothing brings on a fit of coughing more readily than "fretting the patient." Now, we can hardly conceive any thing more likely to fret a child parched with thirst, and exhausted with the violence of former paroxysms, than snatching the honeyed cup from his lips before he had well tasted the refreshing beverage.

Some judicious remarks occur on the fever which is present in Hooping cough, and which in some instances nearly resembles Typhus. The author points out three states of fever as deserving of particular notice: the first is that anomalous febrile state, which accompanies, more or less, even the mildest forms of the disease. It seems to partake more of the inflammatory than the typhoid type. The pulse is variable, easily accelerated, rather hard, and at times irregular. The second state is typhoid. "In this state there is nothing so remarkable as the quickness of the pulse. From being full and moderately slow, it passes at once to almost insuperable frequency, and is often so weak as hardly to be felt." The third state of the fever is decidedly inflammatory. "The pulse is not so quick, but it is full and hard, attended with considerable difficulty of breathing, occasional pains in the chest, increased heat, loaded tongue, and all the other signs of pneumonic inflammation.

The author has less to observe on the state of respiration in Hooping cough, than we think requisite; we have no objection to his drawing upon Dr. Darwin, for the practical remarks of that writer are always valuable; but in a work evidently considered by its author as the only complete account of the disease of which it treats, we did expect to be favored with some original observations upon this very important function; as it is, the following paragraph comprises the sum of the author's information.

"From the state of the pulse, and the state of the breathing, we can draw more certain conclusions, as to the nature and severity of the disease, than from any other circumstance whatever. *I have never met with almost any case,* where either the one or the other was much affected, where there was not very considerable danger; and none where the two symptoms were conjoined, that did not prove fatal, unless opposed by the most vigorous treatment."

We are not clear that our conception of the author's statement, "I never met with almost any case," is correct, but we suppose him to mean that he *has* met with cases in which either the pulse or the breathing were much affected, without "there being considerable danger."

Among

Among the unfavorable symptoms, Dr. Watt has noticed the urine deficient in quantity, of a high color, becoming turbid on standing, the patient having a frequent desire to void it, while the quantity discharged is very small; the skin uncommonly dry and insensible to the touch; a pale leucophlegmatic appearance; skin, especially of the face and extremities, of a livid and dark color; œdema of the feet and hands; nostrils dry, and itchy; cutaneous eruption, if any, disappearing.

The reader will meet with some valuable remarks on the termination of the disease; the diagnostic symptoms; and symptoms of Bronchitis, which we have not space to detail. The account of the opinion of early writers on hooping cough, will also prove interesting to the medical scholar. The length to which this article has already extended, will not admit our citing any of the author's cases; but we shall avail ourselves of his account of the dissections, because they are much less frequent than in most other diseases. We are all of us well acquainted with the symptoms of hooping cough, yet few of us have investigated the appearances after death.

The first dissection was of the author's own son, aged six years.

"The body was opened by Mr. Robert Limon, a pupil of mine, sixty-five hours after death, and the following notes were taken at the time by my friend, Mr. William Couper, surgeon, of this city.

"'The lungs appeared to fill the whole cavity of the thorax more completely than they generally do.

"'The anterior surface of the lungs appeared as if covered with whitish-colored flat tubercles, (not unlike bad confluent small-pox,) as if some white fluid had been effused under the covering pleura. On making some incisions into the substance of the lungs, the cells were found filled with a whitish purulent-looking mucus, with only a small admixture of air. The cells immediately under the investing pleura, thus filled, were the cause of the external appearance of the lungs above described. Some very small portions of the lungs appeared to have the cells less full of this mucus than the rest, the external surface of these portions having a more natural appearance.

"'The posterior surface of the lungs had a brighter appearance than the anterior, having more the look of recent inflammation.

"'The inside of the trachea from the thyroid gland downwards, to an inch below the bifurcation, had its inner surface smeared over with the same kind of mucus, as that filling the cells of the lungs. Beyond this its branches appeared completely filled with the same mucus.

"'The whole inside of the trachea, and its ramifications, was painted with red vessels, appearing to have been the seat of recent inflammation.'

"At

"At this time it was thought unnecessary to carry the investigation farther; but next day my friend Mr. Muir, of Paisley, expressed a wish to ascertain the state of the stomach and bowels. In consequence of this the abdomen was opened, and the following notes were taken by Mr. Muir respecting the contents. It should be remarked, that even at this late period, there were hardly any signs of putrefaction.

"'On laying aside the integuments, the intestines and stomach presented themselves in a very white or bleached-like appearance. There was a long patch of inflammation on part of the small intestines, and beside it, another smaller mark of recent inflammation. A similar appearance was found on one part of the great arch of the colon, in which there was no fæces, but a little thin greenish-colored fluid. The mesocolon was wholly very dark colored, nearly approaching to gangrene. On turning up the stomach, the under and external surface was as if painted with a brown color like new-burnt coffee in appearance, and there was little of it free from traces of this color. It was as if laid on with long strokes of a brush half an inch broad. Some of them were, however, narrower and shorter than others. On laying open the stomach, the internal surface had numerous red streaks, the marks of recent inflammation; there was an universal crust of lymphatic exudation, and much of it was collected in the upper part, owing to the position of the viscus, when the body was examined.'"

Dissection 2.—Janet Watt, sister to the above, aged four years and a half. Her body was opened twenty-five hours after death, and the following notes taken by Dr. Graham:

"'The skin is generally of a livid color, and very dark in some places, an appearance which it had a tendency to assume some time before death. There were no signs of putrefaction. On opening the chest, the lungs were found of a purple color, irregularly interspersed with whitish spots slightly elevated, which were found to be owing to a mixture of mucus and air under the pleura. There were no adhesions between the pleuræ, but the lungs had not collapsed nearly so much as usual. On the convex surface of the right lung a very small quantity of tough purulent-looking matter was observed, which seemed to have escaped by one or two small openings in the pleura, whether the consequence of rupture or erosion could not be determined. Similar matter was found interspersed through the substance of the lungs, but there was no where any cyst containing it. The lungs felt knotty, and uncommonly firm in some places; but on cutting into them no tubercles, such as are met with in phthisis, could be detected. In some places though their bulk was increased, they were firm, and sunk in water; in others they sunk from being collapsed, though not indurated. The pleura costalis seemed rather more vascular than common. The trachea was slightly inflamed on its internal surface, and covered with a quantity of frothy mucus, intermixed with small portions of a purulent-like matter, which increased in quantity downwards, till it nearly plugged up the smaller ramifications. Before opening the pericardium, it seemed to contain a larger quantity

quantity of fluid than is usually observed, but it having been accidentally punctured, any fluid it might have contained escaped, without being noticed.

"'The abdominal viscera seemed sound. The gall-bladder was full of dark-colored, thick, viscid bile.' The head was not examined, but from the nature of the symptoms, there was little reason to expect disease in that quarter."

Dissection 3.—Margaret Beaton, aged three years and three months.

"The body was opened forty hours after death, in presence of Mr. Russel, several of his pupils, and myself. The skin was more livid than usual, but there were no signs of putrefaction.

"'On opening the chest, the lungs appeared to have collapsed about as much as usual. Their anterior surface was more irregular than is generally found, and thickly mottled with a whitish ash color. These whitish patches occupied about two thirds or more of the whole surface of the lungs, and were slightly elevated above the rest. Pressure on any part of the lungs produced or increased these whitish spots, around where the pressure was made, apparently by forcing along the air and mucus under the investing pleura. Almost the whole of the right lung had nothing of a cellular feel, but, as Mr. Russel observed, it felt like a piece of spleen or liver. On cutting into the substance of the lungs, in various places, the air cells appeared to be filled with a viscid semipurulent mucus, which oozed out in great abundance. A considerable margin along the lower edge of each lung was of a bright red color, felt solid to the touch, and when cut off, sunk readily in water.

"'On laying open the upper part of the trachea, its internal surface was of a reddish floculent appearance, but without any inflammatory exudation. This inflammatory appearance increased as we proceeded downwards, till, in the more minute ramifications of the bronchiæ, the whole surface was of a bright red color, as if painted; but still there was little or none of that purulent-like mucus, usually found on inflamed secreting membranes. As far as we could trace these passages, the ingress and egress of the air appeared to be unobstructed.

"'There were numerous adhesions between the right lung and the pleura costalis of that side; but these appeared to have been of some standing, or perhaps had no connection with the present disease. They were more probably the effects of a pneumonic attack, which she had about a year ago, and since which she has always had more or less dyspnœa, particularly on any considerable exertion.

"'The contents of the abdomen appeared to be sound, with the exception of about a foot of the ilium, which was very vascular, and of a red color, Part of the mesocolon appeared also to be somewhat redder and more vascular than usual.

"'On removing the skull cap, the dura mater adhered to it very firmly, but did not show any signs of disease. The veins over the surface of the brain were very turgid, but perhaps not more so than we

we usually find them in young subjects. There was no water in the ventricles, and the other parts of the brain appeared to be perfectly sound.' "

Dissection 4.—Miss K. aged four years and a half.

" The body was opened twenty-five hours after death by Mr. Limon, in presence of Mr. Russel and myself, and the following notes were taken.

" ' The body appears very much emaciated. The skin is darker than usual, and stained here and there with livid spots. Left arm and leg œdematous. A place on the breast and neck, where a blister had been recently applied, of a dark livid color. No signs of putrefaction in other respects.

" ' On opening the thorax, the lower part of the right lung was found to adhere firmly and extensively to the pleura costalis of that side. This portion of the lung seemed to be enlarged, and occupied fully that portion of the chest. It was of a whitish color, had lost all appearance of cellular structure, and on being pressed with the finger, it felt hard and gristly in some parts and soft and pulpy in others.

" ' On removing the adhesions, a large abscess was discovered, ramifying through this part of the lung in all directions, and partly filled with purulent matter. The immediate parietes of the abscess were of a dense cheesy consistence, and varied from a quarter of an inch to an inch in thickness. Beyond this solid portion, the whole substance of the right lung was interspersed with tubercles, exactly similar to those met with in ordinary cases of pulmonary consumption. Many of these tubercles were smaller than peas, and some of them as large as hazel nuts. Some of them were slightly, others more extensively inflamed, and many of them were in a state of suppuration.

" ' The whole surface of this lung was covered with a layer of inflammatory exudation, and in many places the investing pleura appeared to be very much eroded and destroyed.

" ' The left lung was much more collapsed than the right, and exhibited those irregularities on its surface, and the same mottled appearances described in former cases. On examining its substance between the finger and thumb, it was found to have the same tubercular feel as the right, and much more solid than natural.

" ' Some parts had a peculiar reddish purple color, and felt more uniform in their texture than the rest. The color of these portions seemed to depend on the quantity of blood contained in them. When cut off, they sunk readily in water.

" ' On cutting into this lung, the number of tubercles was nearly as great as in the right, and were as much diversified in point of size, but fewer of them had arrived at a state of suppuration. On this side there were no adhesions, and the investing pleura did not appear to have suffered from inflammation as in the right.

" ' The mediastinum appeared to have suffered in the first instance from inflammation, and latterly its cellular portion had become œdematous. On pulling up the sternum, part of it adhered to its

inner surface, and part of it remained floating between the lungs like a quantity of jelly. The pericardium contained a much larger quantity of fluid than usual, but the heart itself appeared to be sound.

"'The whole of the larynx and trachea were then removed out of the body and examined. The glottis and epiglottis were slightly inflamed. The internal surface of the trachea was also a little more vascular than usual, and was covered with the natural mucus. On proceeding farther down, the vascularity seemed to increase, but even on entering the bronchiæ, it hardly deserved the name of inflammation. At no place as far as it was traced, could any thing like a lymphatic coat be discovered. Here and there we could perceive some particles of purulent matter, but these had evidently arisen from the abscess in the lungs.

"'On opening the abdomen, the liver was found much enlarged, extending into the left hypochondrium, and downwards into the umbilical region. Its surface was of a whitish ash or clay color, resembling boiled liver. The structure did not appear to be much changed, but the whole substance felt somewhat denser than usual. The gall bladder was full of a thin light-colored bile.

"'The spleen was also enlarged, and its surface was rough and vascular, as if it had suffered from inflammation.

"'The stomach was very much contracted, being little more capacious than the rest of the intestines. The internal coats were much corrugated, but no signs of disease. It contained a small quantity of fluid like thin gruel.

"'The intestines were here and there of a dark color, but this seemed to depend entirely on these portions having lain in a more depending posture than the rest. Owing to the want of time, the head was not examined. But we had little reason to expect any morbid appearances in that quarter.'"

For the treatment of this disease, Dr. Watt has enumerated all the most favorite and approved remedies of the writers, which he has with much industry consulted; and though we do not find any thing novel in this part of the subject, we think he has fairly weighed the merit of the several modes of cure which he has noticed, has shown what combinations of medicines are most likely to succeed, and pointed out others which have less beneficial effects than have usually been attributed to them. This part of the work occupies 180 pages.

An appendix is subjoined, which contains a very interesting inquiry into the relative mortality of the principal diseases of children, and the numbers who have died under ten years of age in Glasgow, during the last thirty years. We shall content ourselves with selecting a few extracts.

"Taking an average of several years, I found that more than a half of the human species died before they were ten years of age, and that of this half more than a third died of the small-pox, so that nearly a fifth part of all that were born alive perished by this dreadful malady."

Since the introduction of vaccination, the proportion of deaths from small-pox diminished in an astonishing degree; but on the other hand the fatality of measles was very much increased. "In the small-pox we have the deaths reduced to nearly a fifth of what they were twenty-five years ago; in the same period, the deaths by measles have increased more than eleven times." Thus, as the small-pox disappears, measles advance to keep up the usual waste of human life. The fact with regard to Glasgow is indisputable, and the author thinks that measles must in some degree be modified by small-pox. "That the measles (he remarks) should have been thus modified by the small-pox, is rendered highly probable by various analogical facts. The manner in which the vaccine disease prevents the small-pox is quite in point, and when it has failed in preventing them altogether, it has rendered them so mild, as not to be attended with the smallest danger. May not small-pox have a similar effect with regard to measles?"

This is an important subject for inquiry, but we have little apprehension as to the result. We are somewhat surprised indeed that a writer possessed of so much acuteness and spirit of investigation, as is Dr. Watt, should have so readily embraced a conclusion founded on analogy; that, admitting the facts, he should have taken so little trouble to find other causes than that which he has alleged. Neither do we think his argument much strengthened by his quotation from Dr. Woolcombe, who makes Providence create children for the mere purpose of destroying them. "Since disease," says that physician, "is one of the appointed checks to excessive population, and the plan of Providence in the creation of human life, requires the termination of the existence of one third of its creatures, before they have attained the age of two years, it may be doubted whether the annihilation of so efficient an instrument as small-pox can be admitted without the substitution of some other equally destructive malady." It is not for such insignificant beings as reviewers to canvass the particular designs of Providence in the creation of man; but without flying at so high a quarry, we may be allowed to question the propriety of calling in the Deity upon every occasion, to solve difficulties which a little attention on our own part might possibly explain. If men by debauchery unfit themselves for generating a healthy progeny, are enfeebled by the operation of poverty and unwholesome employments, or match themselves to unfit help-mates, are they to call in question the mercy of God, and accuse him of those consequences which are the natural result of their own misconduct?

conduct? Epidemical disorders, indeed, seem to be beyond the control of man; but we well know that his mode of living and peculiar circumstances have a very modifying effect upon them, and even these may be explained without invoking Apollo.

We have not had an opportunity of comparing the London bills of mortality with those of Glasgow during the period Dr. Watt describes; but as far as extensive public practice in a wide district, and inquiry from physicians in great practice in other neighbourhoods, can inform us, the fatality of measles does not appear to be increased in London since the introduction of vaccination.

It seems the number of still-born children at Glasgow has increased something more than a per cent. and a half on the whole deaths. Dr. Watt, however, does not accuse either small-pox or cow-pox of occasioning this misfortune, but attributes it to "the introduction of particular manufactures, by which immense numbers of women are employed in public works or confined to sedentary employments, by which the general health and vigor of the system must be materially impaired." "From this cause we may calculate not only on a greater number of dead-born children, but on a more puny offspring in general, and consequently on a greater number of deaths in infancy." So say we, and may not measles be influenced by such causes? The only fatal cases which have occurred to us, and these are very few, were precisely under such circumstances, the puny offspring of mechanics, dwelling in close unwholesome apartments.

In concluding, we hope that the spirit of inquiry on the subject will go forth, and that we shall shortly have accounts from different parts of the kingdom. If we have differed in opinion from the ingenious author, it has been, we trust, from the same desire for truth, and to encourage that ardor for investigation in others, which he possesses in an eminent degree.

Esse enim contemplationem veritatis, omni operum utilitate et magnitudine digniorem et celsiorem.

MEDICAL TRANSACTIONS, *published by the* COLLEGE *of* PHYSICIANS *in* LONDON. Vol. IV. pp. 415.—Longman and Co. 1813.

WE congratulate the profession on the appearance of this volume, which indeed has been somewhat long in collecting, for the first papers it contains were read upwards of seven years ago. Still the subjects are interesting, and being the productions of some of the leading physicians in London, have strong claim to notice. In a collection of cases and practical observations, there is little scope for criticism:

the captious, indeed, may always find something to cavil at, the laborious critic to display his dulness, and the smart writer his wit; but on such an occasion, in our opinion, the proper mode of proceeding is to gratify our readers with offering them the most valuable papers in the volume.

Dr. M. BAILLIE has contributed two cases. The first is of a boy seven years of age, who had hydrocephalus, and in whom some of the bones of the skull, once firmly united, were, in the progress of the disease, separated to a considerable distance from each other. This was the only circumstance deserving remark in the case. Dr. Baillie regards it as a very rare occurrence, none of his medical friends having met with such an instance; and the doctor states that he has not found an example of it in any of the books which he has consulted. He admits, however, that want of time prevented his looking into as many books as he could wish. Dr. Baillie certainly can employ his time to more advantage than in turning over books; but we think he might have found similar instances without losing many of his golden moments. We merely opened two; the first was Tulpius, who was very eminent in his day, and has left a valuable work behind him: in the fifth edition of his *Observationes Medicæ*, published at Leyden, 1716, lib. 1, cap. xxiv. p. 45, is the following case. "Puer quinquennis, dissectus in valetudinario publico, congesserat in capite tantum liquoris, ut vitiatâ naturali figurâ, tantoperè inter se descisserent dissoluta ossa: ut dilatata ipsorum compages, haud parùm discreparet, a virili magnitudine." If it be objected that in this subject the bones had been partly absorbed by the action of so much pressure from within, perhaps the following instances from Bonetus, in p. 305 of the first volume of the folio edition published at Geneva, 1679, may be regarded as more in point, although the age of the patients either is not given, or is younger than in Dr. Baillie's case. "Imo quandoque cerebrum universum diffluat, juxta Zacutum, aut ex cerebro irruens aqua *suturas* dissolvat." Ex Fontano, Pract. lib. 1, cap. iii.

Another case of a boy aged two years, "cui per hydrocephalum superiores omnes et legitimæ suturæ, præter unam lambdoideam, quæ parum hiabat, ita erant diductæ, ut aqua incumbens cerebro per diaphanam cutem transpareret."

In page 307, the same author explains the progress of the disorder in separating the sutures in young subjects, for in the adult it cannot be done. "In provecta enim ætate, ac senibus, suturæ non tantum arctissime junguntur, verum etiam non raro cranium plane coalescit, ut vestigia tantum cerebrum supersint. Hinc pueris aqua, priusquam cerebrum premat, ventriculos distendit, hac augescente, etiam suturas,

suturas, non ægre cedentes divellit, tandem etiam membranas expandit, imo et ipsum cerebrum, membranarum in modum ductile; unde caput ad eam molem, quæ in hydrocephalis conspicitur, excrescit: hinc aqua capaci spatio conclusa, minus premit et distendit. In senibus autem quorum cranium durum ac compactum, si aqua quotidie incrementa sumat, defectu spatii; obvia quæque comprimit, atque eousque donec arctatis omnibus spirituum animalium viis, apoplexia illos abripiat."

Jacobus Fontanus, in pract. lib. 1, cap. iii. gives the dissection of a boy, in which the sutures were severed to the extent of four fingers. "Distabant autem suturæ fere digitis à se invicem."

We now return to Dr. Baillie's case:

"The great peculiarity in the progress of this boy's disease is the separation of some of the bones of the scull from each other, which had once been firmly united, in consequence of the accumulation of water in the ventricles of his brain. It may very naturally be enquired, whether there was any peculiarity in the sutures of this boy's scull, by which some of its bones, once firmly united, had, by gradual distension from within, been separated from each other. In examining the edges of the two parietal bones at the sagittal suture, the processes of union appeared to be more simple in their form, and fewer in number, than is usual in children of the same age. The same circumstances were observed in examining the edges of the frontal and parietal bones at the coronal suture. Had the processes at the edges of these bones been more numerous, and more irregular in their form, it is very difficult to conceive how they could have been separated in the progress of this disease, from each other. If the boy had been a few years older, the same effect most probably would not have taken place; and in an adult, the bones of whose scull were upited by the usual strength of sutures, it would have been impossible.

The edges of the frontal and parietal bones were thinner than is usual at the same period of life; but this effect had been probably produced by the gradual pressure of the brain against these bones, in consequence of the accumulation of water in the ventricles. Had the patient lived still longer, they would probably have become still thinner, through the continued influence of the same cause keeping up an increased action in the absorbent vessels of these bones.

II. *Of some uncommon Symptoms which occurred in a Case of Hydrocephalus Internus.* By MATTHEW BAILLIE, M.D.F.R.S.

"A Gentleman, aged fifty-six, was seized with symptoms of compression of the brain, on the 9th of February, 1805, and became

became completely paralytic on the right side, upon the 11th of the same month. By this attack he lost his recollection of the words of his own language, except a very few, which he pronounced with the greatest distinctness, exhibiting none of that thickness in his pronunciation which is so common in paralytic patients. These words, *yes, yes, no, no, Mr. Reed, yesterday*, were employed upon all occasions, with a great variety of tone, to express pleasure and displeasure, joy and sorrow, to explain the circumstances of his disorder, and to give directions about what he wanted. He did not seem to be aware that these words were not the proper ones to express his meaning, for he often betrayed impatience when he was not understood, and was not mortified at repeating so often the same words: other words he could pronounce distinctly, but he hardly ever did it, except in repeating some word that any person in his presence had just uttered. His countenance expressed a full share of understanding, and he seemed to comprehend whatever was said or done by others in his presence. His eyes appeared in a natural state; the pupils were not dilated, and his sight was perfect. He sometimes expressed a feeling of pain in the upper part of his head, by putting his left hand there. His skin was sometimes a little hot: his pulse was sometimes between ninety and a hundred, was often of the natural frequency, but was never very slow, nor irregular.

"During the first four or five months, nothing remarkable was observed in the paralytic limbs; but about six months before the death of the patient, the right foot was contracted involuntarily inwards, and the right hand was bent upwards and forwards upon the fore-arm. The fingers soon afterwards were contracted into the palm of the hand, and the fore-arm was bent upon the arm. This state of the upper extremity was sometimes attended with pain, and varied a little in the degree of contraction at different times. During the last weeks of his life, the right arm acquired so much rigidity in this posture, as to resemble in some degree the permanent attitude of a Fakir in Hindostan. Soon after the right foot was contracted inwards, the right leg was bent back upon the high, and the right thigh was bent upwards and forwards upon the trunk of the body. This however was not in the same degree as the bending of the right arm which we have just described. Within a few weeks of his death, there was also some degree of involuntary contraction in the left leg and thigh, but there was none in the left arm. About two months also before the patient died, the right thigh and leg became much swelled, and there were even appearances which denoted a tendency to mortification; but these soon vanished, and the

the swelling gradually in a great measure subsided. During this uncommon disease, the bowels were for the most part rather costive: the urine was generally in the natural quantity, sometimes a little scanty, but was never remarkably deficient. In the course of so long and severe an illness, the temper of the patient was sometimes irritable, but it was often very calm, and he exhibited great kindness of disposition, which made a part of his natural character. On the 6th of January, 1806, after an illness of eleven months, he died, and, for a few days previous to his death, he was almost in a constant state of drowsiness.

"At the beginning of his attack he was directed to lose blood by the arm, was cupped, and had a blister applied to his head. Some purgative medicines were ordered for him, which were continued in a milder form during the greater part of his illness. When he was languid, he was directed to take some mild tonic, and when his irritation was considerable, it was appeased by an opiate. For five or six weeks he took four grains of the Pilulæ Hydrargyri every night, with the view of diminishing by absorption the matter which was evidently compressing the brain; but without any advantage. Very little benefit indeed was expected from medicine from the first attack of the complaint; but from time to time it relieved some troublesome symptoms as they occurred.

"Some of the circumstances of this disease were so singular, that I had much more than a common curiosity to examine the brain after death. My patient's relations very liberally acceded to my wishes upon this subject, and the brain was examined in my presence on the 8th of January, 1806, viz. two days after he died. The membranes of the brain and its substance were perfectly natural in their appearance. The blood-vessels were not too much loaded with blood, and there was no appearance of blood having been extravasated in any part of the substance of the brain. The lateral ventricles of the brain however were found to contain rather more than six ounces of water. Besides this, there was no other diseased appearance, except that the left vertebral artery was enlarged in its size, and its coats had become opaque. The result of this examination very much surprised me. Although symptoms of pressure upon the brain were very strongly marked, yet none had occurred during any part of the disease, which usually denote the accumulation of water in the ventricles."

III. *A singular Case of Stricture and Thickening of the Ileum, by* Dr. CHARLES COMBE. *Communicated by* WILLIAM SAUNDERS, M.D. F.R.S.

"William Payne Georges, esq. of a very nervous and delicate habit, had been for many years troubled with flatulency and

and complaints in the bowels, attended with costiveness and a quick pulse, which generally beat between 90 and 100 in a minute. Towards the end of September, 1805, he had an irregular intermittent fever. From this time all his former complaints rapidly increased. He especially complained of wind and great costiveness, and about two hours and a half or three hours after eating, of excessive pain in the bowels. So intense was this pain, that for the last three weeks he refused taking any solid food, and subsisted entirely on jelly, broth, milk, &c. and these only in very small quantities, always dreading the pain that succeeded even this kind of food.

"When he had a natural stool, it was passed in very small indurated lumps, either separate or attached together, bearing some resemblance to sheep's dung. Besides the above complaints, he had been for several years troubled with an uncommon pulsation of the aorta about the region of the loins, which was not only perceptible to himself internally, but even by the hand applied externally, upon the umbilical region. This inconvenience continued to increase to the time of his death, which took place early on Sunday morning, February the 9th, 1806, at which time he was more emaciated than any person we had ever witnessed.

"On the next day the body was opened by Dr. Combe in the presence of Dr. Saunders, and the following appearances were observed.

"There was not any fat between the skin and the muscles of the abdomen, or about any of the parts of the integuments. The epiploon was entirely wasted, and there was not the least appearance of fat about the mesentery or kidneys. The liver, pancreas, spleen, and kidneys, were in a sound state. The stomach, though rather smaller than usual, was in a natural state, as was the duodenum, the jejunum, and the upper part of the ileum. The lower part of the ileum, as far as the colon, was contracted, for the space of three feet, to the size of a turkey's quill. The colon had three constrictions, one about three inches long at the distance of seven inches from the cœcum, a second about one inch long at the distance of four inches from the former, and a third not quite half an inch long at the distance of three inches from the last.

"In consequence of the constriction of the ileum, and the total want of fat in the abdomen, there was nothing to support the colon in its natural situation. It had, therefore, fallen, and lay irregularly on the small intestines, and consequently there was no appearance of what is called the arch of the colon. Wherever the intestines were constricted, the

coats were very much thickened, and exhibited an appearance of inflammation; while the blood-vessels, passing through the mesentery to the intestines, were enlarged. The aorta was in a perfectly natural state.

"Though the lacteals are distributed to the whole of the intestines, they are most numerous about the ileum, and we believe nearly all the chyle is absorbed before the food reaches the colon. In proportion as the coats of the intestines thicken, the absorbent power of the lacteals is diminished, and in the constricted part of the ileum in this case we believe the absorbent power of the lacteals was totally destroyed. Hence arose the general marasmus. From the ileum which lay upon the aorta, being inflamed, and therefore more irritable, and from the absence of fat which would lessen the apparent action of the aorta, Mr. Georges became very sensible of the pulsation, and suffered considerably from it. It became perceptible to the hand in the same manner as the pulse in the wrist, for so greatly was he emaciated that the finger and thumb might be placed on each side of the aorta, and be strongly sensible of the lateral pulsation. The time at which Mr. Georges perceived the great pain and uneasiness to commence after eating, corresponds with the period at which the food would naturally arrive at the beginning of the constriction of the ileum. The figure of the stools we apprehend arose from the constrictions of the colon."

IV. *Cases of Tetanus in consequence of Wounds; evincing the utility of relaxant medicines, and more especially of the pulvis ipecacuanhæ compositus in large and repeated doses.* By J. LATHAM, M.D. F.R.S.

This is a very satisfactory paper, and fully establishes the good effect of opium and James's powder; and especially of pulvis ipecacuanhæ compositus, in some cases of Tetanus, as the following instances will prove.

"The first case which more especially called my attention to this subject, occurred to Mr. Hawkins, of Croydon, who stopped me in the street to enquire where he might find our common friend Mr. Long, as he wished to inform him that the patient whom they had seen together a few days before, for a bruise about the elbow, had been seized with locked-jaw. In our conversation respecting it, he asked me if I knew how to cure it: I told him that I had never yet been successful in a single instance, but that in the first case which should occur to me, I had determined to push boldly the relaxant plan, and give large and repeated doses of James's powder. He without hesitation stated his determination to try the method suggested, but doubted whether he ought

not to persist in the use of opium; which however he had hitherto been giving without any manifest advantage. It was agreed that he should still continue the usual remedy; the powder and the opium were given *alternately;* the result was favorable, for in the course of a few weeks, I had the satisfaction of knowing that the patient had perfectly recovered.

"The next case occurred to me in St. Bartholomew's Hospital: the patient's hand had been bruised dreadfully, and one of his fingers crushed to pieces. A locked-jaw with almost universal tetanus succeeded; and such was the violence of the muscular spasm every ten minutes, that it seemed very likely soon to put a period to his sufferings. I directed for him five grains of James's powder every four hours and for several days had the satisfaction of finding that the muscular rigidity diminished, and that the convulsive motions of the system were less painful and less frequent. So much benefit seemed manifestly to have been produced, that I was firmly persuaded that a cure was about to be effected, and at the desire of the pupils, who were very anxious about the case, I made it the subject of a clinical lecture, in the course which I was then delivering at the hospital. The publicity of the case became, as I then strongly suspected, the cause of our disappointment; for the pupils propagating the favorable report which the apparent advantage derived from the powder had enabled me to make, a constant succession of visitors unfortunately interrupted that progress which the patient seemed to be making towards a complete recovery. His spasms returned with violence, and the jaw which had become considerably relaxed, was now much more rigid. In consultation it was determined to remove the finger, and to give opium in large doses: the original plan was then forsaken, and in the course of the next day a dreadful recurrence of spasm, which had indeed throughout the night violently tortured him, put an end to his existence."

The third case, after exhibiting very favorable symptoms from the use of the medicine, terminated rather unexpectedly, by the patient being seized suddenly with a succession of spasms which destroyed him in a few hours. Having succeeded in one case out of three, Dr. Latham was determined not to relinquish the principle, but in future proposed to try the pulvis ipecacuanhæ compositus. The first case which occurred after this resolution, was at St. Bartholomew's Hospital, the particulars of which we shall transcribe.

"John Triggs, a middle-sized strong-built man, aged twenty-five, by employment a groom, had the misfortune to have a fall from his horse on Tuesday, the 23d of October, 1798.

1798. It was not discovered that he had received any other injury than a slight wound on the outer ancle of the right leg, which was healing very kindly under the care of Mr. Blicke, in St. Bartholomew's Hospital, into which he had been, immediately after the accident, admitted.

"On the 30th of October, the wound was almost closed, when he was suddenly seized with a rigid sensation about the muscles of his neck, which, as he described it, held his head firmly down, as if bound with cords: his lower jaw became affixed to the upper with little or no power of extending it, and his whole body, and especially his wounded leg, was affected by spasms. In the more severe attacks he felt a violent pain under the sternum, leading upwards from the scrobiculus cordis, in the direction of the ensiform cartilage.

"At the beginning his pulse beat 120 strokes in the minute, he sweated profusely, and numerous miliary eruptions appeared about the wrists. On the following day, October 31st, he was visited for the first time by Dr. Latham, who ordered ten grains of the Pulvis Ipecacuanhæ compositus every four hours with Ol. Ricini occasionally: the wound was at the same time dressed with a common bread and milk poultice, and he was kept on the milk-diet of the hospital.

"On making frequent enquiries concerning his feelings, he said he thought himself gradually becoming better, his pains and spasms having abated, and his jaws admitting of a thin slice of bread soaked in milk. In a few days he could put the point of his thumb between his teeth, though not without exerting some force; and a regular amendment continued till the 12th of November, when the pains under the sternum returned, the affected limb became spasmodic, with twitchings in various parts of his body and profuse sweatings. These unfavorable symptoms were supposed to have arisen from his imprudent omission of the Oleum Ricini, for they were much alleviated by a proper evacuation of the bowels. On the 13th he was better, but there being a continuance of the spasms in a slight degree, the doctor shortened the intervals between the administration of the medicines from every four to every three hours. On the 14th, a perceptible advantage was observed from the increase of the quantity of the pulv. ipec. comp. within the last twenty-four hours. He was now more comfortable, his jaws admitting of wider distension, and allowing him to take larger quantities of food. In this manner he proceeded, daily improving, until the 18th, when the poultice was thrown aside, and the wound was again attempted to be healed. Appearances continuing to be favorable, the time of administering his medicines was altered on the 20th from every three to every four hours. On the 23d

he was so greatly recovered that he was ordered to take decoct. cinchonæ ʒxiv. cum tinct. cinchonæ ʒj. every six hours, and the time of giving the pulvis ipec. compositus was altered from every four to every six hours.

"His appetite grew so keen, and he gained strength so rapidly, that on the 4th of December the milk-diet was changed to that of meat, and he was allowed to get out of bed.

"Every symptom having disappeared, and the wound being healed, he was discharged from the hospital on the 13th of December.

"It is worthy of remark, that during the whole time of taking the pulvis ipecacuanhæ compositus he felt no unusual inclination to sleep, although in every ten grains of it he was swallowing one grain of pure opium, and that too every four hours, and sometimes oftener. He complained of no other inconvenience from it than a continued sweating, with a trifling degree of debility from being kept so long in bed."

In another case in which this remedy proved beneficial, the symptoms were less violent. The last case, which we give intire, is very memorable. "At the very time," says Dr. Latham, "I was arranging the histories of the foregoing cases, and considering the probable efficacy of Pulvis Ipecacuanhæ compositus in the cure of this disease, Mr. Eaton, an apothecary in Holborn, wished me to see his relation who was his shopman, and who from cutting his hand by corking a bottle about three weeks before, had been laboring for three days under the very worst possible state of Tetanus. For his better accommodation, Mr. Eaton had removed his patient to Somers-Town, who was then attended by Mr. Ford of Golden-square. The account which he gave me of the young man's sufferings was distressing in the extreme; and he added that, in his opinion, as well as in that of Mr. Ford, nothing was likely to serve him; but that for his own satisfaction, as a relation, he was desirous that I should see him. I took from my drawer the very cases above recited, and read them to him, under the idea of encouraging him to persevere with resolution in the plan which I proposed. He was accordingly ordered to give his patient ten grains of pulvis ipecacuanhæ compositus every two hours until I visited him, which I promised to do early in the morning. On seeing him according to my promise, I found him (as he expressed himself) not worse, but, as he thought, a little more comfortable: I therefore directed him to persevere in the use of the powder, which he continued regularly to take almost twenty days. During this time the spasms were occasionally very dreadful; for he was usually drawn into an irregular arch, his head and his feet forming its two extremi-

ties: his urine was often forced from him by the violence of the spasms, and his belly was frequently drawn inwards, and very obstinately constipated. Fully sensible of his situation, he not only persevered in the use of his medicine with astonishing resolution, but of his own accord took two or three times a-day ten or twelve drops of tincture of opium. Although his jaws were so locked together as scarcely to admit at any time the edge of a shilling, yet he contrived to get the medicine into his mouth, either by squeezing it, when made into a soft bolus, through the small aperture which his utmost efforts could make, or by taking it as occasion allowed him in a liquid form. The comparative degree of ease which he sometimes experienced encouraged him to go on, notwithstanding the sudden recurrence of the spasms, and the violence of them each time, which nearly hazarded his very existence. I purposely omit in my account of this case many circumstances, such as the regulating his bowels by clysters or by castor oil; the giving broths or light nutritious liquids; the allowing a little portion of wine diluted with water, when sudden faintness or deliquium supervened. Such arrangements of course were made as occasions required; but I more especially wish to lay stress upon the facts that the compound powder of ipecacuanha was never once omitted, as I believe, for more than a fortnight, that it never induced any remarkable drowsiness, that the perspiration was generally great, although not immoderate, and that nothing like sickness occurred until the 17th or 18th day, when he appeared to those about him suddenly to be giving way,—but on vomiting a little glairy fluid he found relief, and the alarm of his friends ceased. Until this time his amendment had been gradual; but after this sudden deliquium and sickness, and a further relief obtained by evacuating the bowels, his spasms seemed greatly to abate; and now for the first time he began to dislike the powder, which indeed did not longer seem very necessary, but which was nevertheless given in smaller doses and at greater intervals. He was now directed to take wine more freely, and to begin a course of bark in decoction with the tincture and aromatic confection. In a week from this time he rapidly recovered, and in a few weeks afterwards was enabled to attend to his business as usual.

"After two or three years, a piece of glass which had been gradually making its way, was extracted by Mr. Ford from between the thumb and first finger of the patient's hand. Mr. Ford, who saw this case in the first instance, and who kindly called occasionally upon the patient during the continuance of the complaint, declared to me, that of all the

the cases which he had seen (ten or twelve) this was by much the worst."

V. *Remarks on Tumors, which have occasionally been mistaken for Diseases of the Liver.* By J. LATHAM, M.D. F.R.S.

The affections which the author thinks are most likely to be confounded with diseases of the liver, are scirrhous pancreas and enlargement of the right ovarium. They occasion the symptom of diseased liver, by producing pressure on the biliary ducts. "I take it for granted (he observes) that nobody can easily mistake an *inflammation* of the liver: the pain in the organ (either acute when its investing membrane is affected, or obtuse when its parenchymatous substance suffers) and the febrile exacerbations regularly consequent thereupon, will sufficiently mark this disease: neither, if the liver can readily be felt, and if the usual icteric symptoms be present, can we be very much deceived as to the viscus affected; but when, perhaps for the first time, a patient is only conscious of pain, when his physician investigates his case by pressure about the right hypochondrium and scrobiculus cordis, when his appetite has gradually failed him, when he is troubled with eructations, and his stools have been clayey and adhesive, then I suspect that the liver is becoming inactive, notwithstanding the skin and eyes may yet be clear, and the urine scarcely tinged with bile. If pressure discovers a deeper-seated uneasiness under the scrobiculus cordis, but neither enlargement nor pain in the right hypochondrium; and if the patient tells me that although his appetite is not amiss, yet eructation and vomiting commonly follow his meals, I then suspect, notwithstanding the eyes and skin may be yellow, the urine full of bile, and the stools without any, that the pancreas alone may be the organ affected, which pressing upon the stomach produces nausea and sickness, and obstructing the passage of the bile through the hepatic ducts occasions every symptom of an *apparently* diseased liver. If, without any perceptible hardness of the liver, I observe the true characteristic yellowness of the eyes and skin and urine, notwithstanding pain should be acutely felt in the direction of the biliary ducts, yet if (the pain not remitting) the fæces should sometimes be well tinged with bile, and at other times be without any such appearance, I should suspect that the symptoms were produced by an indurated pancreas. If an acute pain is constantly felt in the direction of the biliary ducts, and strikes through to the back with that sort of sensation as if something

something was affixing the liver thereto, whether the fæces be tinged with bile or not, a biliary concretion either in the ductus cysticus, or in the ductus communis choledochus, most probably produces it.

"But a diseased ovarium, more commonly than an enlarged pancreas, produces, by its pressure upon the biliary ducts, every symptom of indurated liver. The delicacy which is properly due, and is rightly observed in every disease of females, too often, however, hinders that examination which in its early stages would always lead us to a just distinction. We are told that there is a fulness in the right side: we see clearly that there are icteric symptoms, but we thence conclude too hastily that the disease is in the liver. In this as in the case of indurated pancreas, the appearances of the skin and urine and fæces will vary; and hence also we have at once a *presumptive* proof that the liver is not the *permanent* seat of the disease. We should therefore immediately solicit an examination, which will usually put the matter beyond all doubt; for, I believe, upon pretty strong pressure, the ovarium, when enlarged, will be traceable as ascending from a circumscribed base from below upwards, and the liver (as in all women, whether it be diseased or not, this organ may usually be felt) will be found by an equal pressure descending from above downwards; but between one viscus and the other, whether ovarium or liver, the same degree of pressure will, I think, always discover a sort of chasm or space, denoting a termination of the enlargement: *below*, therefore, the enlarged viscus must be the ovarium, *above* it will be the liver. I do not, however, mean to say that in all possible cases this mechanical sort of distinction must necessarily hold good; yet in the early stages of the disease it will never, I believe, mislead us, and in the later periods of it, with exact attention to collateral circumstances, it will seldom fail. I will not here mention any other tumors of the abdomen, as these are easily enough to be distinguished from enlargements of the liver: for such only which are manifestly attended with icteric symptoms, and are thence liable to be confounded with real hepatic disease, can regularly come within the scope of my present observations."

Upon the method of cure Dr. Latham does not presume to know more than his brethren; in these obscure diseases the reputation of the physician seems to depend more upon his ability in discriminating, than in his power of curing them.

A full Analysis of all the other papers contained in this important Volume, will be given in our next.

MEDICAL

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

Account of some Experiments and Observations on Cutaneous Absorption. By THOMAS SEWALL, M.D.

EXPERIMENT 1.—September, 1809. I immersed my feet in an infusion of four ounces of madder in one gallon of water, at the temperature of 99°, that of the atmosphere 65°. The infusion just covered the melleoli interni. In this condition I suffered my feet to remain ten hours. Urine was drawn at the time I placed my feet in the infusion, again at different intervals for thirty hours afterwards.

The first drawn portion was pale and not changed in its colour by adding to it a solution of the vegetable fixed alkali. The portion drawn two hours after was also pale and not changed by the alkaline test. The portion drawn four hours after I placed my feet in the infusion, on the application of the alkali, was evidently reddened. The different portions drawn at the end of the sixth, eighth, tenth, and twelfth hours after I placed my feet in the infusion, were high coloured, and exhibited a bright crimson, on adding to them a few drops of the alkaline test. The bright crimson in the succeeding portions gradually subsided, but the red colour could be distinctly traced in the portion drawn twenty-four hours after I placed my feet in the infusion. Afterwards the red colour was gradually lost. Blood was drawn from the arm just before and after I placed my feet in the bath, but the serum of both portions was of its natural colour, and not changed by the alkali.

Experiment 2.—I immersed my feet in an infusion of madder four hours. Urine was drawn when I placed my feet in the infusion, again at the end of the second hour. Neither portions exhibited any change when tested with the alkali. That drawn at the end of the fourth hour was evidently higher coloured, and on adding a few drops of the alkali, instantly assumed a bright red. Urine drawn at the end of the twenty-fourth hour, was of its natural color, and not changed by the alkaline test.

Experiment 3.—I immersed my hand and wrist seven hours in an infusion of four ounces of madder in two quarts of water, at the temperature of 98°. Urine was drawn at the time I placed my hand in the infusion, again at the end of the third, fifth, seventh, ninth, eleventh, fifteenth, and twenty-second hours. The first and second portions were of the usual colour, and not changed by the alkali. The portions drawn at the end of the fifth, seventh, and ninth hours, were evidently higher colored, and on adding the alkali, instantly assumed a bright red. The red color in the succeeding portions gradually subsided, and the portion drawn at the end of the twenty-second hour was not altered by the test.

Experiment 4.—I immersed my hand and wrist four hours in an infusion of three ounces of rhubarb in two quarts of water, at the temperature of 98°. Urine was drawn at the time I placed my hand in the infusion, and at different intervals for twenty-four hours after. The first portion was of its natural color, and not changed by the alkali. Those portions drawn at the end of the fifth and sixth hours of the experiment,

periment, exhibited, on the application of the alkali, an evident change to an orange color.

Since making the above experiments, I have immersed my feet for several hours in infusions and decoctions of redwood, logwood, and oak bark, but have not been able to detect any of their coloring principle in the urine.

Croup.—In a late case of this terrible disease, a child of fifteen months was bled to the amount of six ounces from the external jugular, *twenty-four hours after the commencement of the disease.* There ensued a very long-continued faintness, and it was manifest that the remedy could not have been employed to a much greater extent, without serious consequences. But the result was happy. In a few hours the respiration altered, and it was nearly natural in twelve hours after the bleeding. A recurrence of the disease the next evening was apprehended, but it did not take place. The child ultimately did well.

Sketches of the State of Medicine in Italy, in 1812.—At Pavia, the residence of the celebrated M. Scarpa, is an admirable institution. The medical professors are ten in number; the professorships are thirteen. They are as follow: the institutes of surgery; clinical medicine; botany; clinical surgery, by Scarpa; human anatomy, by Fattori; operative surgery, by Scarpa; pathology and legal medicine; chemistry, by Brugnatelli; materia medica; physiology and comparative anatomy; pharmaceutic chemistry, by Marabelli; midwifery.—In addition to these are professors in the following departments: agriculture; experimental philosophy, by Volta and Configliachi; natural history; general physics.

An extensive library belongs to the school, and a splendid museum of anatomy and the various branches of natural history. These are contained in a building much like the medical school in Paris, but twice as large. The hospital is an excellent one, and under remarkably good management. The industry and superior advantages of the head of the institution, M. Scarpa, have contributed greatly to the benefit and improvement of the school. Scarpa was the pupil of Morgagni, and colleague with Fontana. At the early age of eighteen he was professor of anatomy at Modena. After this he was a pupil of William Hunter in London, and then came to settle in Pavia. He has recently finished an improved gorget for the operation for the stone, one advantage of which is that it enters the bladder with very little force on the part of the operator. M. Scarpa will also publish an instrument for performing lithotomy above the pubis.

M. Brugnatelli, the professor of chemistry, is making a very large collection of concretions found in the animal body. To facilitate his object he has sent circular letters to the medical men in Italy, soliciting specimens of this nature. These applications have been very successful, if one may judge from the extent of his cabinet. He finds that in some of his specimens, the different layers of calculus are composed of essentially different principles. One of his specimens shews a great analogy between the animal and vegetable systems. He has a piece of rhubarb in which is imbedded a calcareous concretion in

every respect resembling those found in animals, and appearing to have been gradually formed there.

M. Brugnatelli edites a large periodical work, a great part of which is taken up by the reports of his own labours.

Pisa is the seat of a medical school to which is attached a considerable hospital. But the establishment may with more propriety be said to belong to Florence, for the professors generally reside in that city and hold their examinations there. To Fontana's cabinet of anatomical preparations in wax at Florence, is annexed a small collection of preserved animals and skeletons in comparative anatomy, also a very extensive collection of minerals and marine productions, and a hortus siccus well displayed. Within the grounds belonging to the establishment is a botanical garden, possessing every convenience for the preservation of tender plants. The physical apparatus belonging to the academy is pretty extensive. The two globes of copper and lead with which the famous experiment of compression was made are preserved here, also the telescope with which Galileo made some of his most important discoveries.

Florence has two extensive and well established hospitals; one civil, the other military. The latter contains an unusual number of lunatics, many of whom have become so from the effects of the conscription, or of sudden and extreme poverty.

Mr. Tardy, surgeon, late of Marchmont-street, has just established a house for the reception of insane persons. The numbers received at this institution being very limited, Mr. Tardy trusts that he can accommodate patients in a manner superior to what can be expected in establishments upon a larger scale, as well in regard to the internal arrangements of the house, as to the facility which will be afforded of exercise out of doors, by the appropriation of between two and three acres of pleasure and garden grounds, the whole secured from external observation, being surrounded by several acres of meadow land, belonging to the same proprietor, and situated in a very airy and healthy situation, about ten miles from London.

Mr. Tardy, meaning to confine his practice in future to the treatment of insane persons, and with his family on the spot, will be able to secure to those who are received into his asylum, both male and female patients, every attention and assistance which the general source of their disease on any emergency may require. Communications addressed to Mr. Tardy, surgeon, at his office, 14, Marchmont-street, Brunswick-square, will be immediately attended to.

New Operations for Cataract.—An experiment of the most important kind has recently been tried upon the pensioners of Greenwich Hospital, by direction of the Honorable Governors of that Institution, with a view to ascertain the comparative success of different operations for cataract. The operation of extraction had been performed, it appears, upon the blind pensioners, for the last fifteen or twenty years, by the celebrated oculists Mr. Wathen, and by his successor Mr. Phipps, but not, it is understood, with very satisfactory termina-

tions. The Governors have now appointed Mr. Adams to be oculist to the Hospital, (where all the blind men in the navy are sent when invalided;) that gentleman has performed a series of novel operations for cataract, upon a large number of patients, with singular success. We have not been informed of the peculiarities in Mr. Adams's newest operations, nor have accurate intelligence of the comparative results of the *old* and *new* methods; but those results, we have learned, are decidedly in favor of the latter.

Note from Mr. P. Lee *to the Editor, on the Effects of Ammonia in preventing Contagion.*

Sir,

It is now more than twenty-six years since I first used it, under the impression that contagion might be in itself an acid sui generis, or combined with some acid which had not been ascertained by analysis: taking this for granted, I thought the ammoniacal vapor once in contact would neutralize the principle, and so far decompose the sceptic matter of contagion as to render it inert, or tertium quid. For this purpose I made use of the liquor ammoniæ, by frequently sprinkling the bed and room where I was in attendance on typhus patients, and for some time observed that not one of the visitants or attendants caught the fever. I shall detail the case of one family in proof of this circumstance:—John Wright, pilot, of South Shields, in the county of Durham, in the year 1800, himself, wife, and five children, were all in a state of typhus fever; the man, his wife, and one child, were in bed, two upon chairs, and two on the floor, all cooped up in one small room, the weather at that time being very sultry. Prior to my being called in, a married woman and a girl of thirteen years of age caught the fever; and although their relatives and friends visited them after the ammoniacal vapor was used, not one was affected. Lately, when the alarm was given that the plague was in Wapping, I went in quest of it, with a full determination of being barricaded in with whom I could find affected, hoping I should find the ammoniacal vapor as efficacious in preventing the contagion of plague as it did of typhus, by which I should arrest the disease on its first appearance; and being well aware that one method I use in stopping mortification would prevent the carbuncles degenerating into a state of gangrene, I should have entered into it with full confidence of success, well assured government would have supplied me with every requisite. The nitrous fumigation of Dr. Carmichael Smith may be equally efficacious; but when it is considered that congestion in the lungs frequently attends typhus fever, any excitement producing cough must increase it. The ammoniacal vapors do not produce this effect; and if a sufficient quantity of liquor ammonia was allowed to prisons, ships, and other places liable to low nervous fevers, it would be the means of preventing a disease which is the pest of this country.

38, *Rathbone Place, Oxford Street,* P. Lee.
Dec. 29, 1813.

The DEATHS within the Bills of Mortality this Year are—

Abortive & Stil-born	630	Gravel, Stone, Strangury	11	Stoppage in the Stomach	25
Abscess	57	Grief	5	Surfeit	2
Aged	1571	Headmoldshot, Horshoehead, and Water in the Head	297	St. Vitus's Dance	2
Ague	2	Inflammation	741	Swine Pox	1
Apoplexy and Suddenly	292	Inoculation	2	Teeth	288
Asthma	574	Itch	1	Thrush	44
Bedridden	5	Jaundice	34	Tumor	2
Bleeding	30	Jaw Locked	2	Water in the Chest	27
Bursten & Rupture	19	Leprosy	1	Worms	1
Cancer	83	Lethargy	1		
Canker	1	Livergrown	45	CASUALTIES:	
Childbed	186	Lunatic	207	By the Explosion of Gunpowder	1
Colds	13	Measles	550	Bit by a mad Dog	1
Colic, Gripes, &c.	8	Mortification	205	Broken Limbs	1
Consumption	4736	Palpitation of the Heart	6	Burnt	35
Convulsions	3239	Palsy	144	Drowned	101
Cough & Hooping Cough	389	Pleurisy	19	Excessive Drinking	4
Cow Pox	1	Piles	1	Executed	12
Cramp	2	Quinsy	5	Found Dead	9
Croup	85	Rash	1	Frighted	4
Diabetes	3	Rheumatism	8	Killed by Falls & several other Accidents	80
Dropsy	698	Scurvy	3	Killed themselves	35
Evil	4	Small Pox	898	Murdered	4
Fevers of all kinds	714	Sore Throat	4	Poisoned	3
Fistula	6	Sores and Ulcers	13	Scalded	3
Flux	7	Spasm	24	Suffocated	5
French Pox	11	St. Anthony's Fire	4		
Gout	34				

Christened	Males 10608	Females 9920	In all 20528
Buried	Males 8993	Females 8329	In all 17322

Whereof have died,

Under Two Years of Age	5167	Seventy and Eighty	1211
Between Two and Five	1733	Eighty and Ninety	489
Five and Ten	601	Ninety and a Hundred	61
Ten and Twenty	526	A Hundred	1
Twenty and Thirty	1108	A Hundred and One	1
Thirty and Forty	1501	A Hundred and Two	1
Forty and Fifty	1751	A Hundred and Nine	2
Fifty and Sixty	1606	A Hundred and Thirteen	1
Sixty and Seventy	1559		

Decreased in the Burials this year, 973.

On

On the important subject of definite proportions, Professor Berzelius, of Stockholm, draws the following conclusions as laws of formation:

1. In a chemical combination of two or more oxidated bodies, (whether it consists of acid and acid, of acid and base, or of base with base.) the oxygen of the substance which is most abundant, is a multiple by a whole number (1, 2, 3, 4, . . .) of the oxygen of the body which is least abundant; and in every chemical combination between two combustible substances, they are present in such quantities, that, if the compound be oxygenized, a new combination will be formed, which follows the same law.

2. In organized productions, two, three, or more inflammable substances are united, and attached to a single portion of oxygen, which is only sufficient for the oxygenization of one of them; and this combination cannot be divided into more immediate component parts, nor be formed from such parts.

Dr. Richard Powell will, in January, commence a Course of Lectures on the Practice of Medicine, at St. Bartholomew's Hospital.

Dr. Clement Hill will commence his Course of Lectures on General and Pharmaceutical Chemistry, on Wednesday, January 23d, at the same Hospital.

Mr. Abernethy will commence his Spring Course of Lectures on Natural and Morbid Anatomy, and Physiology, on Thursday the 20th of January, at two o'clock, at the above Hospital.

Theatre of Anatomy, Bartlett's-court, Holborn.—Mr. John Taunton, F.A.S. Member of the Royal College of Surgeons of London, Surgeon to the City and Finsbury Dispensaries, City of London Truss Society, &c. will commence his Winter Course of Lectures on Anatomy, Physiology, Pathology, and Surgery, on Saturday, January the 22d, 1814, at eight o'clock in the evening precisely, and to be continued every Tuesday, Thursday, and Saturday, at the same hour.

In this Coruse of Lectures it is proposed to take a comprehensive view of the structure and economy of the living body, and to consider the causes, symptoms, nature, and treatment of surgical diseases, with the mode of performing the different surgical operations; forming a complete course of anatomical and physiological instruction for the medical or surgical student, the artist, the professional or private gentleman.

An ample field for professional edification will be afforded by the opportunity which pupils may have of attending the clinical and other practice of both the City and Finsbury Dispensaries.

Theatre of Anatomy, Blenheim-street, Great Marlborough-street.—The Spring Course of Lectures on Anatomy, Physiology, and Surgery, will be commenced on Monday, the 24th of January, at two o'clock, by Mr. Brookes.

Anatomical Converzationes will be held weekly, when the different subjects treated of will be discussed familiarly, and the student's views forwarded. To these none but pupils can be admitted.

Spacious

Spacious apartments, thoroughly ventilated, and replete with every convenience, are open all the morning for the purposes of dissecting and injecting, where Mr. Brookes attends to direct the students, and demonstrate the various parts as they appear on dissection.

Dr. Squire will, on Saturday, January the 8th, begin a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children, at his house, in Ely-place, Holborn.

Dr. Clough, Physician-Accoucheur to the St. Mary-le-bone General Dispensary and Endeavour Society, will commence his Winter Course of Lectures on the Science and Practice of Midwifery, including the Diseases of Women and Infants, as connected therewith, about the middle of January 1814, at his house, 68, Berners-street. Morning course at half-past ten; evening course at seven.—Students, when properly qualified, will have the same extensive opportunity of attending cases as usual, for practical improvement, in regular progression; and their views forwarded by weekly examinations.

Dr. Clarke and Mr. Clarke will begin their third Course of Lectures on Midwifery and the Diseases of Women and Children, on Monday, January 24th, 1814. The Lectures are read at the house of Mr. Clarke, No. 10, Upper John-street, Golden-square, every morning from a quarter past ten to a quarter past eleven, for the convenience of students attending the hospitals.

Dr. Merriman, Physician-Man-Midwife to the Middlesex Hospital, the Westminster General Dispensary, and the Parochial Infirmary of St. George, Hanover-square, will recommence his Course of Lectures on Monday, January 24th, at half-past ten o'clock, at the Middlesex Hospital.

Mr. Singer will commence a Course of Lectures on Experimental Philosophy, on Tuesday the 18th of January. The Lectures will be continued on the succeeding Tuesdays and Fridays.

Mr. Stevenson, Surgeon-Oculist and Aurist to her Royal Highness the Princess of Wales, Member of the Royal College of Surgeons, &c. will recommence his annual Course of Lectures on the Anatomy, Physiology, and Diseases of the Eye and Ear, including their medical and surgical treatment, on the 25th of January.—The introductory Lecture will be delivered by Mr. Stevenson, at his house, 105, Great Russel-street, Bloomsbury-square, precisely at eight in the evening, to which medical practitioners and students may, as usual, have free admission.

LONDON PRICES OF DRUGS.—Dec. 24.

(To be continued regularly.)

	£.	s.	d.	£.	s.	d. per
Aloes Barbadoes, from	21	0	0 to	22	0	0 C.
—— Cape	9	10	0 ..	10	0	0 —
—— Succotrina	20	0	0 ..	0	0	0 —
—— Epatica or E.I.	10	0	0 ..	12	0	0 —
Angelica Root	15	0	0 ..	16	10	0 —
Alkanet Root	9	15	0 ..	10	10	0 —
Antimony Crude	3	15	0 ..	4	6	0 —
Aqua Fortis	S.	0	8 ..	D.	1	1 lb
Arrow Root fine	0	2	0 ..	0	3	6 —
—— ordinary	0	1	0 ..	0	1	6 —
Arsenic Red	6	10	0 ..	6	15	0 C.
—— White	3	10	0 ..	3	12	0 —
Balsam Capivi	0	5	6 ..	0	0	0 lb.
—— Peru	0	19	0 ..	1	0	0 —
—— Tolu	0	12	0 ..	0	0	0 —
Bark Jesuits Com.	0	3	6 ..	0	4	0 —
—— Second	0	6	0 ..	0	7	0 —
—— Quil or best	0	8	0 ..	0	10	0 —
—— Red	0	7	0 ..	0	10	0 —
—— Yellow	0	4	6 ..	0	5	0 —
Borax refined E.I.	5	10	0 ..	6	0	0 C.
—— English	0	2	8 ..	0	0	0 lb.
—— unrefined or Tinc.	6	0	0 ..	0	0	0 C.
Camphire refined	0	6	9 ..	0	0	0 lb.
—— unrefined	24	0	0 ..	25	0	0 C.
Cantharides	0	11	6 ..	0	11	9 —
Cardamoms (best)	0	7	6 ..	0	0	0 lb.
Cassia Buds	12	0	0 ..		0	0 C.
—— Fistula W.I.	12	0	0 ..	in bond		—
—— Lignia	12	0	0 ..		0	0 —
Castorum American	2	14	0 ..	2	16	0 lb.
—— Russia	11	0	0 ..	0	0	0 —
Castor Oil per bottle 1½ lb.	0	3	9 ..	0	4	3 bo
Cocculus Indicus	3	0	0 ..	0	0	0 C.
Colocynth Turkey	0	5	0 ..	0	5	6 lb.
Columbo Root	2	15	0 ..	3	0	0 C.
Cream of Tartar	8	10	0 ..	9	5	0 —
Gallangal East-India	5	0	0 ..	0	0	0 C.
Gentian Root	4	10	0 ..	0	0	0 —
Ginsang	0	1	6 ..	0	0	0 lb.
Grains of Guinea	5	10	0 ..	6	0	0 C.
Gum Ammo. Drop	30	0	0 ..	0	0	0 —
—— Lump	8	0	0 ..	9	0	0 —
—— Animi	3	10	0 ..	7	10	0 —
—— Arabic E.I.	2	0	0 ..	4	0	0 —
—— Turkey Fine	8	10	0 ..	9	9	0 —
—— Barbary	6	0	0 ..	7	0	0 —
—— Assafœtida	10	0	0 ..	15	0	0 —
—— Benjamin	8	10	0 ..	35	0	0 —
—— Cambogium	20	0	0 ..	26	0	0 —
—— Copal scraped	0	2	0 ..	0	3	6 lb.
—— Galbanum	16	0	0 ..	20	0	0 C.
Gum Guaiacum, from	0	2	6 to	0	3	0 lb.
—— Mastic	0	4	6 ..	0	4	9 —
—— Myrrh	15	0	0 ..	18	0	0 C.
—— Olibanum	6	0	0 ..	7	0	0 —
—— Oppoponax	30	0	0 ..	0	0	0 —
—— Sandrac	6	10	0 ..	8	0	0 —
—— Seneca Garbled	5	2	0 ..	5	5	0 —
—— Tragacanth	36	0	0 ..	38	0	0 —
Jalap	0	5	0 ..	0	5	3 lb.
Ipecacuanha	0	16	0 ..	0	0	0 —
Isinglass Book	0	12	0 ..	0	13	0 —
—— Leaf	0	12	0 ..	0	13	0 —
—— Long Staple	0	12	0 ..	0	13	0 —
—— Short Staple	0	12	0 ..	0	13	0 —
Manna Flakey	0	8	0 ..	0	8	6 —
—— Sicily in Sorts	0	5	0 ..	0	0	0 —
Musk China	0	18	0 ..	1	0	0 oz.
Nux Vomica	3	0	0 ..	3	10	0 C.
Oil of Vitriol	0	0	3½	0	0	0 lb.
Opium East-India	0	19	6 ..	1	0	0 —
—— Turkey	1	2	0 ..	0	0	0 —
Pink Root	0	5	0 ..	0	0	0 —
Quicksilver	0	4	6 ..	0	4	8 —
Rhubarb East-India	0	3	0 ..	0	5	0 —
—— Russia	0	14	0 ..	0	0	0 —
Saffron Spanish	1	10	0 ..	1	15	0 —
—— French	1	10	0 ..	0	0	0 —
Sago	6	0	0 ..	6	10	0 C.
Sal. Ammoniac	10	10	0 ..	11	0	0 —
Sarsaparilla	0	3	0 ..	0	3	6 lb.
Sassafras	8	0	0 ..	9	0	0 T.
Scammony Aleppo	1	3	0 ..	1	5	0 lb.
—— Smyrna	0	10	0 ..	0	12	0 —
Senna	0	3	0 ..	0	0	0 —
Seeds Anni Alicant	6	0	0 ..	6	10	0 C.
—— Coriander English	1	10	0 ..	1	16	0 —
—— Cummin	6	0	0 ..	7	0	0 —
—— Fenugreek	1	15	0 ..	2	0	0 —
Shellack	7	0	0 ..	8	8	0 —
Sticklack	6	0	0 ..	8	0	0 —
Snake Root	0	16	0 ..	0	0	0 lb.
Soap Castile or Spanish	10	0	0 ..	11	0	0 C.
Spermaceti refined	0	2	7 ..	0	0	0 lb.
Tamarinds West-India	8	10	0 ..	9	0	0 C.
Tapioca Lisbon	0	0	8 ..	0	1	0 lb.
Turmeric Bengal	3	3	0 ..	0	0	0 C.
—— China	4	5	0 ..	4	15	0 —
—— West-India	6	10	0 ..	7	0	0 —
Verdigris Wet	0	3	6 ..	0	0	0 lb.
—— Dry	0	5	10 ..	0	0	0 —
—— Crystallized	0	8	6 ..	0	8	9 —
Vitriol Roman	0	0	7 ..	0	0	0 —
—— Foreign white	3	10	0 ..	3	15	0 C.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 30s.—1 oz. 30s.—½ oz. 24s.

OBSERVATIONS.

At recent Sales of Merchandize by Auction, *Messrs.* Pistor *and* Co. sold 26 Chests of Yellow Bark, 3s. 1d. to 4s. per lb.—3 Chests Gum Benjamin, duty paid, 29l. 16s. to 30l. 15s. per Cwt.—5 Chests ditto, in bond, 16l. 10s. per Cwt.—2 Chests Gum Myrrh, 20l. 15s. per Cwt.—11 Barrels White Arsenic, 68s to 69s. per Cwt.—18 Bags of Turmeric, 98s. to 100s. per Cwt.—3 Casks Gum Arabic, 71. 15s. per Cwt.

METEOROLOGICAL REGISTER.

From November 25, to December 25, 1813.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Temperature. Max.	Min.	
	26	SE	30·23	30·10	47	42	Fair
	27	W	29 32	29·26	49	45	Fair
	28	SW	30·24	29·48	50	44	Cloudy
	29	W	29·75	29·50	51	42	Cloudy
	30	W	29·27	29·03	49	31	Fair
●	1	E	29·47	29 42	36	34	Fair
	2	SE	29·31	29·07	37	36	Rain
	3	SE	29·24	29·05	42	39	Rain
	4	EbN	29 47	29·33	44	39	Foggy
	5	E	29 56	29·50	41	39	Foggy
○	6	NE	29·79	29·74	41	39	Fair
	7	N	29·79	29·78	41	39	Fair
	8	N	29·81	29·77	42	41	Fair
	9	N	29·94	29·88	41	40	Foggy
	10	NE	30·10	30·08	40	38	Fair
	11	E	30·19	30·06	37	35	Fair
	12	E	30 79	29·87	35	32	Fair
	13	E	29·83	29·74	32	30	Cloudy
◑	14	SE	29 92	29 90	30	26	Fair
	15	SW	29·87	29·70	32	26	Fair
	16	W	29·50	29 40	47	32	Rain
	17	SW	29·44	29·27	50	47	Rain
	18	SW	29 16	29·14	55	49	Rain
	19	SW	29 20	29·15	51	44	Cloudy
	20	W	29 42	29·29	43	35	Fair
	21	W	29·61	29·46	40	32	Rain
●	22	NW	29·55	29·41	46	42	Fair
	23	SW	29·92	29·70	44	37	Fair
	24	SW	30·04	29·92	50	44	Cloudy
	25	W	30·07	30 03	50	46	Cloudy

Mean Height of the Barometer, 29·655.—Mean Temperature, 40·64.

MONTHLY CATALOGUE OF MEDICAL BOOKS.

THE Accoucheur's Vade Mecum; being the substance of a Course of Lectures on Midwifery delivered at the Westminster Lying-in Institution, Queen-Square. By Joseph Hopkins, Surgeon to his Royal Highness the Duke of Kent, &c. &c. 12mo. boards, 6s.

An Inquiry into the present State of the Medical Profession in England; containing an Abstract of all the Acts and Charters granted to Physicians, Surgeons, and Apothecaries: and a comparative View of the Profession in Scotland, Ireland, and on the Continent of Europe, &c. &c. By Robert Masters Kerrison, Member of the Royal College of Surgeons, &c. &c. 8vo. boards, 5s.

Researches into the Physical History of Man. By James Cowles Prichard, M.D. F.L.S. &c. &c. 8vo. boards, 16s.

TO CORRESPONDENTS.

Want of room has obliged us to defer the insertion of a considerable portion of Dr. Yeats's interesting Case, together with several other Communications, till next month; amongst them are Papers from Mr. C. E. Lucas; Salus Publicus; Juvenis; Pacificus; B; &c.

THE

Medical and Physical Journal.

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" For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly " Journals; and there never existed any work to which the faculty in " EUROPE and AMERICA were under deeper obligations than to the " Medical and Physical Journal of London, now forming a long, but an " invaluable series."—RUSH.

For the Medical and Physical Journal.

Observations on the Cure of Acute Rheumatism; by Mr. C. E. LUCAS, of Hatfield.

THE observations of Dr. Sutton on Acute Rheumatism, in No. 177 of the Medical and Physical Journal, are valuable, not only as recommending a successful mode of practice, but as establishing it on rational principles. The use of cold applications externally, must, however, wait the test of a more enlarged experience to determine either its efficacy or safety as a remedy. I have had no experience of its effects, but shall be extremely happy to find that it succeeds, as it would undoubtedly prove a most desirable acquisition to our curative means. It is however not, I conceive, likely to supersede the necessity for the other parts of the antiphlogistic plan of treatment, but rather to prove an useful auxiliary, as judiciously recommended by Dr. S.

The strictures of Dr. S. on the bark in this disease, as recommended by Dr. Haygarth, would lead us to expect little or nothing from it as a remedy; and he accounts for its supposed efficacy, by observing that cases of the disease will be very short under various modes of treatment. This is not, I think, doing justice to a remedy, which, under certain regulations, is frequently beneficial; and indeed the treatment recommended by Dr. S., with the exception of the cold lotions, still " sub judice," is by no means so generally successful in removing this disease, as to induce us hastily to abandon a remedy of promise.

I have used the bark very freely in this disease, and, as I think, with the most beneficial effects, though generally in conjunction with either henbane or opium, and never until some means had been taken to diminish vascular excitement.

The henbane has appeared to me a most valuable remedy in this disease, and I attribute the success I have had in the

speedy cure of several of the worst cases of acute rheumatism to this medicine more than to any other. One of the most severe cases of the disease that I ever met with, yielded in a week to a bleeding of 18 oz., a dose of antimonial powder and calomel at night, with a dose of physic next morning, followed by 2½ grs. of the extract of henbane every four hours, with 12 grs. of nitre. I am the more disposed to ascribe much efficacy to the henbane in this disease, from witnessing its general happy effects in other cases of increased vascular excitement attended with morbid sensibility, particularly in nettle rash, in which I regard it almost as a specific.

The plan I generally follow in acute rheumatism, is to bleed to 18 or 20 oz., to give the calomel and antimonial powder in full doses the two first nights, with the magnes. vitriolat. in the mornings, and afterwards to direct the henbane in doses of from 3 to 6 grs. every four or six hours. If this plan should not succeed in a few days, I add the bark in powder, in doses of ʒj every four hours, and should then direct an opiate at night. By these means I have generally succeeded in removing the most violent attacks of this disorder in the course of a fortnight, and often in half the time. If the disease under this treatment should not give way in about a week, I interpose a brisk purgative, and resume the bark in full doses with the opiate at night, but without the henbane. And in all cases where the disease has been of long standing, my chief reliance is on the bark.

It is always difficult, if not impossible, to point out the modus operandi of medicines; and it is perhaps sufficient for practical purposes to ascertain their effects, so as to found their employ upon rational and consistent principles. That the bark has the property of relieving intermittent pains, will hardly be denied; that disorders in which distinct intermissions occur, are generally connected more or less with atony of the system, seems also established; that the bark relieves intermittent pains, by counteracting that atony upon which is founded the morbid sensibility of nerves, is probable; but whether it has any property of relieving other pain, when by previous treatment the same condition of parts may be supposed to prevail, must be doubtful; but I incline to think that this may be the case. At all events it seems generally agreed that the bark can in no case, either with or without pain, be given with propriety, whilst there is any considerable inflammatory diathesis present.

Hatfield,
Dec. 14, 1813.

For

For the Medical and Physical Journal.

The Motives of Medical Reformists exposed; by SALUS PUBLICA.

Oh curas hominum! oh quantum est in rebus inane!

THE public welfare!—the public welfare!—such is the cry of the geese who are to save the Capitol—while all who venture to dissent, who cannot apprehend the utility of the *patriotic* exertions of the London Committee, are branded as illiberal, their pens are sharpened by jealousy, and directed by avarice. These courteous terms are of course to be expected from men who arrogate to themselves every virtue under heaven; for, of consequence, how can any remain to their unfortunate adversaries? and the history of all controversy sufficiently shows, that where reason fails, the party are content to have recourse to abuse and aspersions—like Astolpho's lance, however, these cannot wound; and hence, careless of such opinions, like our paper currency, depreciated instead of valuable, I shall endeavor to offer a few more observations on the apothecaries' bill.

If I wanted arguments to strengthen my original opinion, that private interest was the primum mobile of all this *disinterested* clamour about medical reform, I could not deduce them from a better source than from the letters which its partizans have inserted in the Medical Journal; in almost all of these the physician is attempted to be degraded, and the honesty, the talents, the education of the surgeon-apothecary exalted to the seventh heaven. Not one of the tribe will allow but what his education is complete, and that he is perfectly qualified for the duties of his profession. The three years that *at least* must be spent by the candidate for medical honors, in comparative solitude and close application, the examination which at the end of that period *will prove* his acquirements,* are treated with apparent contempt; while five years of manual labor behind the counter, the mystery of rolling pills, the art of neatly labelling, with a six months' attendance upon the hospitals, are deemed amply sufficient to entitle these knights of the mortar to every degree of credit and reputation: like Dr. Ollapod they can "wing a pheasant and feel a pulse with e'er a man in the county." Such being the case, where is the necessity for a reform? Would it have been thought of, had not the prescriptions too frequently travelled to the druggist—hinc illæ lachrymæ! I hesitate not to express my sincere conviction that this measure is intended to establish the supremacy of the apothecaries; that it is hoped to render the physician

* Of course I speak at present of the most general school of instruction, Edinburgh.

subservient to that branch of the profession, which from its numbers, its opportunities, and its habits, must generally come first into play, and necessarily acquire great influence; and that, if carried, the description of this vale of tears will no longer be considered as an allegory, nor the flight of Hygeia as a fable.

I verily believe that every human institution has a tendency to advance a certain degree towards perfection, but that all violent attempts to hurry its progress, will rather check than advance it. I am also perfectly convinced, that no theory, however ingenious, no paper plan, however apparently practicable, will ever prevent the progress of error, or the entrance of imperfection; time alone can work the change by imperceptible though powerful means. As to medical science, from its present advanced state, I see less occasion for reform than ever; yet far am I from saying it is not susceptible of improvement. None can lament more than myself that opprobrium of the profession, the St. Andrew's degrees; and yet I lament it more from the opportunities it affords of exciting reproach, than from its power of doing harm; those who adopt them are generally respectable apothecaries, who in the decline of life wish to avoid the more fatiguing branches of their profession; who feel themselves from long experience fully qualified for its higher departments, and who are thus able to superintend their younger and inexperienced brethren: to such men even I regret that our universities do not afford a readier admission. As to the name it sometimes affords to empirics, that is of little moment; as long as credulity and ignorance operate on the minds of men, so long will impostors start up and flourish. That little medical science is gleaned at our universities I readily grant, yet have I been surprised at the sneers cast upon them. The English degree is *honorable*, because it marks the man of general science and information. The students, out of their terms, are pursuing their medical studies in the hospitals of London or in the schools of Edinburgh, and those who know the light that the sciences mutually reflect upon each other, will agree with me, that a man thus educated is most likely to prove an ornament to his profession. As to the jokes cast upon us, "sunt nugæ," and pity were it, "si in seria ducent,"—'tis the fate of every profession, and of every one elevated beyond the sphere of common minds. Yet when the brilliancy of those who have obtained celebrity in wrangling courts, or reaped their honors in iron fields, shall have passed away, the enlightened observer of nature, the alleviator of human sufferings will be remembered and esteemed.

For the Medical and Physical Journal.

Account of a fatal Case of Apoplexy, with Particulars of the Dissection.

ABOUT nine in the morning I was sent for to visit an elderly person (between the ages of fifty and sixty), laboring under an attack of apoplexy, with symptoms particularly marked. The countenance was highly distorted; the eyes bloodshot; pupils much dilated, insensible to light, and drawn inwards; the breathing stertorous; the pulse quick, full, and hard. There was no time to be lost, and I immediately abstracted eighteen ounces of blood from the temporal artery, with surprising relief to the patient. The violently convulsive efforts subsided, the distortion of the countenance wore off, the eyes assumed their natural appearance, the breathing became free, and the pulse considerably slower, and much satisfaction was expressed at the amendment which had taken place. I left her, and rode forward to visit some patients in a neighbouring village. On my return, I was much gratified to find that her improvement had been progressive. A purgative glyster had procured two evacuations; and her intellectual faculties had in some measure resumed their functions. From these favorable appearances (notwithstanding she had already experienced three or four attacks of the same kind) my hopes of her recovery were very sanguine. These expectations, however, were completely dissipated at my next visit, which was on the following morning. The pulse was considerably quickened, and the tongue had assumed that dry appearance which attends high inflammatory action. As the pulse still possessed some degree of strength, I ventured to take eight ounces more blood from the arm, and directed a large blister to be applied between the shoulders: this, however, afforded little or no relief. Delirium came on, attended with insatiable thirst. She lingered till the fourth day, when death closed the scene. With some difficulty I obtained permission to open the head after death, and felt amply rewarded for my trouble by the satisfaction I experienced in discovering the immediate cause of all the alarming symptoms I had witnessed.

On attempting to remove the cranium after having sawed completely through the bone, I found it strongly adhered to the dura mater. The latter presented no unusual appearance, except a general fullness and distension of its vessels. The arachnoid tunic was perfectly natural, and nothing as yet discovered itself which could at all account for the violence of the symptoms; and although the sinuses of the dura mater were remarkably distended by a thick coagulum,

gulum, I could discover no appearance of effusion. Upon a still more minute examination, however, I observed beneath the pia mater (which had a general blush of inflammation) a small dark spot, which immediately led to the seat of the complaint, by a careful dissection. I exposed a cavity situated in the posterior lobe of the left cerebrum, containing about two ounces of a dark-colored serum, tinged with blood. The sides of the cavity were perfectly smooth and vascular; and although I at first expected it, no communication whatever could be traced with either of the ventricles. I was now satisfied that I had discovered the source of all the mischief: curiosity, however, induced me (although pressed for time) to continue my dissection throughout the brain, the whole of which had a natural appearance, except an unusual turgescence of the vessels of the side affected, particularly of the choroid plexus.

On reviewing this case, the good effects of blood-letting are remarkably conspicuous, and afford every reason to believe that the patient's life would have been prolonged had not the disorder been so far advanced. P.

Dulwich, Dec. 14, 1813.

For the Medical and Physical Journal.

Observations on the Diseases of the Pancreas; by THOMAS SEWALL, M.D.

THE diseases of the pancreas are few. Scirrhus, and inflammation, with its terminations in abscess and ulceration, are nearly the only diseases with which it has been found affected. The former is much the most common, and more particularly the object of this essay.

The pancreas, like all other glandular parts, when it assumes the scirrhous state, loses entirely its natural structure, and is converted into a hard uniform white or brown mass, intersected by membranous septa. It is, however, not very uncommon to meet with this organ considerably enlarged and approaching to a state of induration, without any sensible derangement in its organization. This seems, however, only the commencement of a process by which it loses entirely its natural structure, and becomes truly scirrhous.

The following cases contain an account of the symptoms which accompany an enlarged and scirrhous affection of this organ with the appearances on examination after death. The two first are taken in substance from Morgagni's third book on diseases of the belly.

The first is that of a noble matron of Padua, who from her very birth was troubled with an almost constant vomiting, which

which returned regularly every morning, and two hours after dinner. When she made any exertion to suppress the vomiting at its usual time of accession, great uneasiness was produced in the stomach, which continued till the offending matter was dislodged. The bowels were generally costive, and could only be kept free by the use of purgative medicine. This with moderate bleeding were the only remedies employed in the course of her life.

On dissection, the body was emaciated, and without any œdematous tumor. The abdomen contained a considerable quantity of water. The omentum was destitute of fat, and the stomach and intestines much contracted. The pancreas was the only one of the abdominal viscera which exhibited any marks of disease. This, though of its ordinary size, was hard and white, with a complete change in its structure, consisting of a large number of distinct lobules quite destitute of moisture.

The second case is that of a man, otherwise robust and healthy, who, without any evident preceding cause, was troubled with a continual endeavor to vomit, by which every thing was discharged from the stomach soon after it was taken down. He was also affected with a constant and severe pain in the region of the stomach.

On opening the abdomen after death, all the viscera appeared in a healthy state, except the pancreas; this was considerably enlarged, and almost of a cartilaginous hardness. Its surface was universally irregular, from tubercles of a considerable size, over its whole extent. These, I believe, are the only cases of an original affection of the pancreas mentioned by Morgagni, and but little is to be met with in any other author, immediately relative to this subject.

The two following cases, having recently occurred under my own observation, are related particularly with a view to their symptoms and appearances on dissection.

Mr. S. S., a young man of slender constitution, of studious and sedentary habits, a few years before his death was seized with an obtuse pain, deep seated and fixed in the region of the epigastrium; with an incurvation of the body forward, and an inability to sit or stand erect without greatly increasing its severity. In a few months these symptoms were accompanied with dyspepsia, great acidity of the stomach, and an occasional vomiting. His appetite was generally good, but nothing could be retained long enough by the stomach to undergo digestion except milk, which constituted the greatest part of his diet ever after the attack, till his decease.

The remedies resorted to in the course of the disease were emetics,

emetics, cathartics, and blistering over the region of the stomach. The latter was generally accompanied with greater relief than was experienced from the application of any other remedy, but this was only temporary. These symptoms, (pain, acidity of the stomach, and vomiting,) continued more or less severe till a few months before his death, when a pulmonary consumption came on, that terminated fatally.

The day after his death the thoracic and abdominal viscera underwent a careful inspection. The general appearance of the body was that of great emaciation without any œdematous affection.

On opening the thorax it was found to contain a small quantity of water, the lungs adhering to the pleura, for nearly their whole extent of surface, hard and unyielding, and in many places ulcerated and affected with tubercles. On laying open the abdomen, it was found to contain about three quarts of water. The omentum was destitute of fat, and the stomach and intestines greatly contracted. The liver, spleen, and urinary organs, all exhibited a healthy appearance. The pancreas was the only one of the abdominal viscera in which there was any mark of disease. This was enlarged to about twice its natural size, and scirrhous, particularly its right extremity, which embraced the duodenum, and pressed so firmly on the pylorus, that its orifice would scarcely admit of the introduction of a common-sized catheter.

The second case which came under my notice, was that of Mr. B. S., a young man, aged twenty-seven, who had been confined most of his life to a sedentary employment, which gave him but little opportunity for the enjoyment of active exercise or good air. About one year before his death he was affected with a tumefaction of the parotid and submaxillary glands, also of some of the lymphatic glands of the neck. This suddenly subsided, and soon after a considerable tumor made its appearance in the epigastrium, accompanied with severe deep-seated pain and an almost constant vomiting. There was, as in the preceding case, an incurved position of the body, and inability to sit, or stand erect, without greatly increasing the severity of the pain. Nothing could be retained by the stomach but liquid food, and that only when taken in small quantities and at short intervals. The bowels were usually costive, aud could only be kept free by the use of cathartics and enemas. These, with blistering over the stomach, opium, and lime-water, were the most effectual remedies in alleviating these distressing symptoms. But their effect was only palliative; great emaciation and debility ensued, which finally terminated in death.

On

On dissection, the thoracic viscera were carefully examined, and exhibited not the smallest vestige of disease.

On laying open the abdomen it was found to contain a small quantity of water. The omentum was destitute of fat, and the stomach and intestines contracted to half their original size. In the liver, spleen, and kidneys, there was no remarkable deviation from their ordinary healthy appearance. On examining the pancreas, it was found enlarged, and nearly three times its natural size, with its left extremity extending into the left lumbar region, and its right, pressing firmly on the duodenum and small extremity of the stomach, and thereby nearly obliterating its pyloric orifice. Its surface was universally irregular, hard, and unyielding, and in many places exhibited in its appearance the scirrhous structure.

From the foregoing cases, pain in the epigastrium, vomiting, and acidity of the stomach, appear to constitute the most remarkable indications of an enlarged and scirrhous affection of the pancreas.

The pain is generally one of the earliest and most distressing symptoms of the disease. It is usually of a heavy obtuse kind, deep seated, and without any considerable change in its situation. This was remarkably true in the above cases; it is also spoken of by Riverius and some other authors, as a principal symptom of the disease.*

Vomiting is another symptom which strongly indicates an affection of the pancreas. This was a leading feature of the disease in each of the above cases; it is also mentioned by Morgagni and Bonetus, as constituting the principal indication of an affection of the pancreas in all those cases, which they examined after death.

Great acidity of the stomach is generally present, but should be regarded only as a secondary symptom, arising from some derangement in the functions of digestion.

Whether this peculiar state of the stomach arises simply from the mechanical effect of the pancreas on it, from its connection by sympathy, or from a deficiency or some change

* Pain. To what cause this should be attributed is not certain. Probably to increased vascular action. It is a fact generally admitted, that the blood-vessels of an inflamed part become, by the force of their own action, increased in their capacity and distended with blood. Take in connection with this, the circumstance that the blood-vessels of a scirrhous organ are diminished in their capacity, and incapable of easy distension, from the resistance made by the scirrhus, through which they ramify, we cannot be at a loss for an explanation.

in the pancreatic secretion, is an interesting question difficult to decide; perhaps neither should be wholly neglected. On mechanical principles we can readily account for the vomiting and acidity, from the pressure of an enlarged and scirrhous pancreas on the stomach and pylorus, retarding the passage of the alimentary mass into the intestines. At the same time, the sympathy excited between these two organs, no doubt renders the stomach more irritable and easily excited into action by its contents.

With respect to the functions of the pancreas, in its diseased state, we have but little knowledge. We have no evidence that a change in the structure of this organ is accompanied by any specific change in the nature of its secretion. On the other hand, in the cases in which Morgagni speaks of the dark vomiting, in this disease, the pancreas, when cut into, appeared dry, and afforded but little of its natural secretion. The vomiting, therefore, and the peculiar character of the matter thrown up, appears to proceed rather from a deficiency of pancreatic juice, than from any specific change in its quality.

The incurvated state of the body appears also worthy of notice. This is probably chosen from its relaxing the abdominal muscles, enlarging the cavity of the abdomen, and thereby taking off from the diseased pancreas the pressure of the neighbouring viscera.

The above symptoms, so far as experience teaches, constitute the principal indications of an enlarged and scirrhous affection of the pancreas;* but unfortunately they are not invariably referable to an affection of this organ. Certain affections of the stomach, small intestines, liver, and spleen, sometimes embrace them. It is, however, generally not difficult when we take into view all the circumstances accompanying an original affection of these organs, to distinguish between them with a tolerable degree of certainty.

Inflammation, with its terminations in abscess and ulceration, are said sometimes to affect the pancreas; but we are not in possession of a set of symptoms, which, in the present state of our knowledge, enable us to discriminate between affections of this kind, and its scirrhous state.

Some few instances have occurred, in which worms and calculus have been taken from the pancreatic duct;† but

* I am informed by one of our first American practitioners, (Professor Warren,) that a tumor in the epigastrium, with a strong pulsation, is generally an attendant on scirrhous pancreas.

Perhaps this is the only invariable pathognomonic symptom of the disease.

† Lieutaud.

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these are extremely rare, and unaccompanied with any symptoms which enable us to foretell their existence.

The treatment of scirrhous affection of the pancreas, it is evident, can be only palliative. The principal indications are to alleviate the pain, restrain the vomiting, and correct the acidity of the stomach.—*New England Journal of Medicine and Surgery, Jan.* 1813.

For the Medical and Physical Journal.

The Profession of Apothecaries degraded by the Abuses to which their Apprentices are subjected.

Reformatores se reforment.

AMONG all the papers on Medical Reform which have been recently presented to the public, I do not recollect having seen a single paragraph that sufficiently exposes the abuses of Apprenticeships, which I am persuaded have done more towards degrading the profession of apothecary, than all other causes put together. Seeing then, that this branch of reformation has been so inadvertently or wilfully neglected, I shall with deference offer a few hints on the subject, which have been furnished by experience; hoping they will be received with some little indulgence, as they are suggested from no other motive than a wish to have truth appreciated, and vicious habits corrected.

The youthful mind is capable of almost any bent, and allurements will draw it from even favorite objects to those which duty or interest may render it necessary for it to be employed upon; so that few masters can reasonably attempt to cover their own negligence, by representing the fixed partiality of their pupil's inclination. It is the duty of a master to prepossess his apprentice in favor of his business, and instruct him in it; to make him sensible of its importance, and of the degree of responsibility attached to the professional character; to rivet his attention on it, allowing him to indulge in such other studies only as will ultimately contribute to the completion of his education and accomplishments. He ought to have an interest in his welfare, and show a tender solicitude for his promotion and improvement, recollecting that he is really a delegated parent, bound by law and reason to exert himself to the utmost in enforcing on his pupil good principles, and substantiating them by exemplary practices; in short, he ought to pay equal regard to the formation of the man, and the medical practitioner. Now this question obviously presents itself—*How are these*

duties performed?—Let an impartial public examine, and they will find that either indolence, jealousy, or avarice, has prevented a majority of masters from discharging them with punctuality, if at all; they will find that laudable curiosity and inquiry are suppressed, by cold, evasive, or indifferent answers, to questions proposed for the purpose of gaining information; they will find that youths ignorant and inexperienced, yet professing themselves fully competent, are daily substituted for age and reflection; and moreover, they may possibly discover, that the authors of these impostures have some of them, at least, no better intellectual endowments proportionally, than their ingenious representatives.

It may be urged that a great number of apprentices are careless, and show no desire to do their respective duties, or go about business in such a manner as evidently bespeaks their unwillingness. To which I answer, that such remarks (however just in many cases) can never apply to the young apprentice, who is always on the alert to please his master, and procure his esteem; who enters the business eager to improve, and gain a knowledge of its principles. They are not admissible till after he has discovered that the modern practice of medicine is frequently a trade, conducted by certain established rules, attainable only by practice; till he has found himself decoyed into an engagement which will retard his future progress in scientific pursuits, and confine him to a counter for four, five, or six years, the most valuable in his life, all to worse than no purpose; till he is disgusted with the taciturnity of his master, whom he had reason to expect would be a friend and preceptor, to correct and fix his wavering opinions. And if these circumstances are not sufficient to palliate, if not justify, the remissness of a young man, I must confess I have hitherto had but very incorrect notions of the principles of moral equity.

At the beginning of an apprenticeship, that plan of behaviour should be adopted which is most consistent with the present circumstances and future prospects of each party. If a master expects attention and respect from his pupil, he must, by setting an example, secure such an imitation as accords with his wishes: he cannot reasonably suppose, that unconditional obedience is always subsequent to supercilious command, or attempt to frighten any one into an approval of his ridiculous notions, however supported by superiority or sanctioned by experience. No master can, without proper instruction and proper conduct, gain the good will and wishes

wishes of his apprentice; and very few with them can miss the attainment of that desirable object. Do we expect to find in the young and inexperienced, or in the aged, stability of deportment? Will an abject fear of consequences, or a grateful remembrance of past kindness, tend most to conciliate the affections, and of course command the good offices of young men? Did I not avoid personality, I could adduce instances of youths, who, after serving a five or six years' apprenticeship, had acquired such liberal notions of medical practice, as to recommend invariably Inf. Rosæ in simple fever; of others, who totally discarding that elegant medicine, as regularly would propose Mist. Sal. cum Bol. Antim. Could these worthies act from a conviction in their own minds of the superiority of their favorite specifics, or did they want an enlargement of intellect to comprehend that though they had seldom, if ever, witnessed the exhibition of different medicines, there were others equally efficacious? I presume, their separate masses of intelligence were such as their own limited practice, or empirical habits afforded. What sandy foundations on which to erect future professors of medicine, on whose abilities hundreds may depend for the preservation of their health or lives! I cannot bring myself to suppose that there is one individual who would not wish for a perfect renovation, seeing that, in a great measure, his character and respectability increase or diminish with his professional celebrity. Admitting, then, the preceding statements to be true, (and every day's experience supplies incontrovertible evidence of their truth,) there is no method of permanently improving the profession, but by a well-regulated education; that is the basis on which the superstructure of experience must stand. A man, accustomed from his first attendance at the bed of sickness, to judge with deliberation, and observe minutely the most intricate and often delusive forms of diseases, will profit more by one than an empiric will by twenty years experience. Then how necessary it is that apprentices should be taught to begin and proceed upon rational principles, in order that they might acquire a habit of thinking for themselves, and of "analyzing disease."

I think it would not injure the reputation of a master, if he were to take his apprentice, in all cases where it was admissible, to the bedside of the patient, that he might be present at the examination; and afterwards explain to him his motives for giving medicines, the effects he expected them to produce, the state of the disease, its manner of injuring the system, and its probable consequences; it would rather

rather induce the apprentice to love and respect his master, and give him an interest in the practice, which would keep alive his curiosity, and compel his attention. But it would require more familiarity or condescension than many men are capable of; their pride is alarmed at the idea, their honor revolts, they cannot think of being seen in friendly conversation with their apprentice, it would sink them too much, if any thing can sink them more, in the estimation of the thinking part of mankind, than their present shameful negligence. Yet in all honest minds, this false pride and mistaken honor will yield to the reflection, that on their present conduct the future usefulness and respectability of the rising generation of practitioners depend; for surely no one is so depraved as to wish that his profession should fall into contempt and ignominy. I would ask every master, whether he would rather that his apprentice should pass through a life of honorable celebrity or obscure meanness? I would appeal to the dictates of his conscience for an answer; and propose that he should adopt such plans of proceeding as are most consistent with his own credit and advantage.

But to show in a clearer light that the present practices are inimical to the cultivation of medical science among the industrious, as well as the careless and inconsiderate, let us suppose two young men bound to an *eminent* apothecary, who, (like many great modern reformists,) considers them as his servants, and expects no more trouble on their account; we will admit one an active and penetrating genius, the other an easy unconcerned observer of things, after the first impulses of his curiosity are gratified. Now, it is evident that the one, anxious for information, would continually refer to books for that which no living instructor would supply; he would gain a mass of indigested crude facts, unarranged by judgment, or unregulated by reason; he would be always at a loss in practice for a *rational theory* and *established principles* to direct him in the use of his already acquired knowledge, in spite of which, however extensive it might be, he would be perfectly impotent: and as these disadvantages increase with his diligence, it would be good policy in him to neglect his medical studies entirely, and engage with such as his mind enabled him to advance in, or his taste selected as most agreeable. The other would be quite different; born with a superior capacity, and formed for enterprize, he would attentively acquire a few dogmatical facts, upon which he would erect his professional importance, (which he undoubtedly would have no mean opi-

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nion of;) he would conceive himself perfectly qualified to prescribe for his *devoted victims*, and to "*wrestle with Death*;" supported by a train of empirical notions, his conscience well barricaded against the innovations of humanity. Thus both would be uninformed, in almost an equal degree; only, one would be sensible of his ignorance, and the difficulties he had labored under, and consequently well prepared for improving in a more eligible situation; while the other would be deprived of that necessary state of mind for receiving instruction, supposing himself at the acme of perfection, and wanting nothing but opportunities to display his powers, which might raise him to the highest pinnacle of fame.

That country apprenticeships are a very inefficient mode of education, their most sanguine advocates cannot deny: that their present practice in most cases is not infamous, I am convinced neither argument nor sophistry can prove. That ignorance in the profession originates here, is evident; and however the Committee of Apothecaries may exert themselves to bring about a reform, unless that reform begins to operate in the education of every apprentice, I confidently predict, that neither the profession nor the public will be materially benefited; and if it does, little more will be necessary. A certain number of men may be chartered, and gain useful privileges; but whether they will extend beyond the limits of their synod, so as to be of real benefit to society, I think we may reasonably doubt; for notwithstanding all the specious reforms that can be obtained, one truth will still be evident, viz. *that no body of men as a profession can excel, whose mode of education is radically bad.**

Now, there are few who are not conscious of the existence of the abuses pointed out, but it remains to be said how they can be remedied. It is not without some diffidence that I make the subsequent remarks, being aware that it is easier to detect and expose corruption, than to suggest proper plans to be adopted for its amendment. However, I shall give such opinions as have occurred to me, on deliberate reflection; and here I cannot but express my regret that a respected and useful profession should require public notification of their negligencies in the education of their youth, a

* Might not a petition from apprentices be presented to parliament, (briefly praying that they might no longer be tricked out of their time and money by this unhappy system, but have their griefs redressed, and oppressions removed,) with as much propriety and more justice than those of the apothecaries can boast?

duty

duty of the highest importance both to themselves and to mankind. In the name of humanity, whence originate these direful abuses, which are a just stigma to the age, as unaccountable as they are general, as injurious as they are enormous; which destroy the buds of genius, blast the shoots of imagination, retard the indefatigable, encourage the indolent, murder hope, and confirm ignorance, prejudice, and stupidity? May they be banished from amongst us, that we may no longer suffer under the weight of their oppression, and that the recollection of them may be obliterated for ever. The best way (as circumstances are) for all parties to be brought to a proper discharge of their duties, will be to reflect that they are bound to them not only legally, but morally, and that the obligation does not cease with them, but extends to every branch of civilised society; and though a master and his apprentice may agree between themselves, or coincide in opinion on the business, the public are not to be satisfied with their ignorance, or gulled by their specious pretensions to talent. Even this consideration, that in the tuition of a young man, there is confided to the preceptor the health of numbers, in a manner, whom he never will know, but who may come under the care of the future practitioner, whose principles he is bound to inculcate,—is sufficient to convince every unprejudiced and liberal man of the importance of this duty, and stimulate him to a full discharge of it. Every day must bring unnumbered perplexing difficulties, against which a good master will fortify the mind of his pupil, knowing that the public judge of a medical man's abilities by his promptness in unforeseen exigencies, and success in general practice, on which depend his future dignity or degradation in society. If a master should have a refractory pupil, or a pupil an obstinate master, let a necessary disunion be effected as soon as possible, that neither party may suffer obviable injury or deprivations. Should apprenticeships continue to be conducted in the same way as at present, I feel no hesitation in recommending to parents a discontinuance on their parts in supporting them, but would propose *that a youth, from the first, should be placed under the care of eminent professors, in one of the first medical schools, and continued there through the whole course of his studies, that they might be conducted in a manner at once agreeable and advantageous, complete and rational.*

To all well wishers to the profession, I beg leave to recommend this reflection: *if the bill at present in agitation should pass into a law, these practices complained of will be partly sanctioned by legal authority, and there is no clause in*

its present form that provides a remedy for, or even so much as mentions them. What then can be expected but their continuance and increase? It is very proper that the legislature should be informed of these *radical evils*, that they may not unknowingly perpetuate them, by enacting that a five years apprenticeship shall be served previous to hospital attendance; for of these five years, four will be murdered time, even allowing that the apprentice shall see constant practice, for, as is before observed, he cannot be able to improve by it. All that an apprentice can learn during his servitude, amounts to nothing compared with what a man in practice should know: he may study the materia medica, and the first lines of the practice of physic and surgery, together with a little midwifery; he may learn to extract teeth, bleed, exhibit an enema, dress a simple wound, pull at a fractured limb, and look grave, *but no more.* Now these, sir, are incontrovertible facts, these are the incalculable advantages of a five years compulsory servitude; and yet the committee for regulating practice have entirely overlooked these pernicious principles, and conveniently forgotten to expatiate on the *evils* inseparably united with this injurious system. When I think on the tender sensations of gratitude which rise in the mind of a well-disposed pupil on the remembrance of his tutor's kind solicitude and unremitted exertions for his welfare, on the pleasing reflections that man must have who has been the mean of disseminating virtue and knowledge through a rising and grateful generation, I am shocked to observe these tasks so palpably, so wilfully neglected. I examine for a cause, and find, painful reflection! that intellectual enjoyments are superseded by avarice; that momentary gratifications are preferred to lasting pleasures; and that men (as a writer of judgement observes) "not being able to lift their eyes above this world, think nothing worth their care but raking together the dross which it affords, each striving, like the toad, who shall die with most earth in his paws." But there are individuals whose liberal generosity is equalled by nothing but their constant exertions towards benefiting their profession: to such I look with gratitude; of such, who are solitary instances of independent virtue, and unbiassed goodness, I speak with respect and reverence: may they continue to show their admirable example, that the kind spirit which animates them may diffuse itself through the rest of their brethren, and that one principle of perfect amity may actuate the whole!

Yorkshire,
Dec. 8, 1813. JUVENIS.

For the Medical and Physical Journal.

Account of Ann Fooks's Case of Ischuria and Vomiting of Urine, by Dr. YEATS; *concluded from p. 37.*

BETWEEN* the 6th of December and the 12th of April (periods mentioned in the case), at what precise time I do not recollect, a phial, capable of holding about six or eight ounces, was brought to me, filled with a fluid which it was told to me the girl had vomited, and which possessed all the sensible qualities of healthy urine in taste, color, and consistence. It was of a deeper color than straw, not perfectly transparent; and on standing, a cloud was observable in it. The vomiting of clear urine, such as that now described, should not be received as an objection for totally rejecting the account.† This girl had very frequently been, and at this particular period was, in a state of retching, by which the throat, gullet, and stomach, the superior part especially, (for retching did not always amount to full vomiting,) were pretty well at times denuded of their mucus, and the glands‡ exhausted of their secretions: it is not, therefore, at all impossible, that at times the urine was vomited before the secretion of mucus had again taken place in sufficient quantity to be detected in the vomited urine by ocular examination only. Moreover, the constantly varying morbid actions with which her constitution was harassed, and by which her different secretions were sometimes considerably diminished, and at others considerably increased, would undoubtedly have the same effect upon the mucous

* How often I visited the girl after the 6th of December, I cannot say, though I am now sure oftener than I had at first thought; but I did not see her after Mr. Gibbon's visit on the 19th of March, till after the urine had returned to its natural channel.

† The experiments of Mr. Home on the functions of the stomach, by which he discovered that that viscus contracts in the centre into two portions, give the idea that the stomach would at such times not discharge its contents in a mixed state, the more solid parts remaining at the bottom, while the more liquid would be vomited by the partial contraction of the upper portion. Any liquid then may be vomited comparatively clear in this way, as is seen in the phenomena of common vomiting. In this way it was, as related of the hysteric nun, that the urine was vomited unmixed with the food, although the vomiting occurred sometimes soon after her meals.—See paper on Ischuria, p. 364. See p. 31 of the case for Mr. Home's experiments.

‡ These glands are as likely to suffer a temporary torpor, by which there will be a suspension of their secretions, as well as the kidneys, liver, or any other gland in the body.

membrane

membrane of the gullet and stomach: hence at times she brought up considerable quantities of mucus, and at others very little; and at all times the quantity of mucus thrown up by any person from the stomach will depend upon the degree of force with which its contents are rejected. The thing is, therefore, not inexplicable by any means; and in Dr. Senter's and Dr. Girdlestone's cases the urine vomited was found to be natural in every respect. Facts are of more avail than any theory. Here the urine was vomited as natural urine, and if in one or two cases, why not in a third? If vomiting of urine is impossible, the girl must be an impostor, and no other charge is necessary.

From about six weeks to the period of the return of the urine to its natural channel, the girl had taken many emetics under the direction of Mr. Palgrave, who of his own accord came to see her, no person directing any medicine for her at the time. At first, I have been since informed, the tartarised antimony was given, which proved too irritating and painful, and the ipecacuanha was substituted. The girl told me that she felt relief from their operation ultimately, by removing a great heaviness, weight, and oppression at the stomach; but their immediate effects were always painful. With the exhibition of the emetics I had nothing to do, beyond having said, "If you find relief from them, take them," any more than with a decoction of juniper berries, gum arabic, and barley, a cupful of which she took occasionally. The emetics, taken generally every other day, were commenced six weeks previous to the termination of the urinous vomiting; she having been subject to the vomitings from the commencement of the suppression up to that time, without taking any emetic.

The great distension of the stomach in this girl was evidently owing to a collection of great morbid effusions into it, and to a disengagement of air, giving the appearance of the meteorismus ventriculi. It is a fact well established, that the stomach shall remain in a distended state for weeks, and yet the food shall pass in regular course through its orifices. Food of difficult digestion, or matters effused into it by disease, shall lie in the stomach and oppress its functions for days; yet food more easily digested shall have undergone the actual changes, and have past through its lower orifice into the intestines for the nourishment of the body. The liver being sufficiently healthy to secrete bile of a proper color, the fæces would partake of the color, although the stomach shall be much diseased, provided the morbid secretions into the stomach did not pass down at the same time, and this would not always be simultaneous; and that the stomach

possesses the power of passing down one portion of its contents and retaining another, is well known. It must be remembered that this girl's stomach had been for a very long period in a diseased condition, from mechanical violence, yet possessing sufficient power to digest and transmit easily digested food, so that the body would be nourished, but by no means to such an extent as before the accident, when she had a healthier complexion, and a plumper appearance.*

Upon this morbid condition of the stomach supervened a deposition of urine into its cavity, in consequence of the suppression in October, from which time it was thrown up spontaneously under various appearances for many weeks, when, from the powers of the stomach becoming deficient to contract sufficiently to produce full vomiting, a greater accumulation of course took place, causing distension and oppression almost to suffocation, as she expressed it. Hence the obvious idea of an emetic occurred, the stimulus of which was necessary fully and more speedily to unload the stomach of its contents, and which, from the relief obtained, the girl requested might be repeated; and that the stomach does lose the power at times of acting sufficiently so as to produce full vomiting without the aid of an emetic, although loaded and oppressed, is a fact which requires no illustration, but which state would be attended, as in this indigent sufferer, with retching and nausea, until relief be obtained by full vomiting. A fit of indigestion from a gorged stomach has produced this state, when the cause being removed by an emetic, the effect ceases; but in this girl the cause was constantly recurring from the morbid condition of the stomach, and the diseased effusions into it.

That vomiting of urine has often occurred, I have no doubt. I have already stated what my ideas are on the subject: an altered state, however, of glandular secretions, particularly of those of the stomach, has some strong facts on its side. Physiologists know that the nature of the fluids of the stomach, and their chemical properties, are changed by an alteration in the action of its coats. The following is the statement the girl has given to me on this subject.

†Before taking any emetics, she used to vomit the urine clearer at some times than at others, two or three hours after

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* Now above twelve years ago. I am informed that this was her appearance at that time.

† This account was taken from the girl at two different times, and before a different gentleman at each time, one a professional man, with the same result.

a slimy

a slimy vomiting. That after having commenced the emetics, their immediate operation was followed by vomiting up a slimy urinous stuff, sometimes more, sometimes less in quantity, and sometimes of a greater and sometimes of a less urinous taste and smell. That the time which elapsed between this slimy vomiting, and vomiting of urine, was generally two hours. That between the times of taking the emetics she always vomited urine. That the urine which Mr. Gibbon saw had been thrown up from the stomach two hours and a half after the emetic had brought up the slimy stuff. She took no medicine from the time I saw her in December up to the time of commencing the emetics, except some opening pills which the druggist sent her. When the urine was brought up unmixed with the contents of the stomach, it was in quantity from six to ten ounces. When mixed with the various matters of the stomach, the whole mass thrown up would be very considerable.

Notwithstanding, then, all that has been said about the girl vomiting urine with an emetic, it does not appear that she vomited unmixed urine under the immediate operation of an emetic. She uniformly, when the emetic was taken, brought up the various matters of her stomach similar to what has been already stated; and in consequence of the emetic tasting, as she says, of something like peppermint, she did not perceive the urinous taste so strong in the slimy vomiting, as she used to do before they were commenced. The emetics were given from the excessive load and weight she felt in her stomach from the accumulation of morbid effusions. Their action brought up the mixed mass in one or two vomitings, and some time after this the vomiting would again take place, when the unmixed urine came up in a similar way, as it did before she took the emetics at all.* There was then no difference whether she took the emetics or not, and this statement exactly corresponds with the account given in other cases of urinous vomiting, in which, as in this case, the urine was vomited up, unmixed or not, according to the state of the stomach. It was indeed more likely that under these circumstances the urine would come up unmixed, the action of the emetic having expedited the expulsion of the morbid mass from her stomach.

Subsequent to April, when the urine had returned to its natural channel, and when it was reported to me the girl was considered an impostor, I paid personally particular attention to her case; and from the great misery I witnessed,

* A misunderstanding would very easily take place here, by the girl saying she vomited urine after taking an emetic.

I did

I did not doubt what I had not witnessed, both from her account, and from the analogy of similar cases from authors, living and dead, of the first celebrity. It was then that I prescribed some medicines for the girl, as detailed in the case, which were made up by the chemist, who, it is justice to observe, gratuitously supplied them, as well as those unprescribed by me, he had formerly sent from the time of my seeing her in December 1811. If this had not been the case, I would have procured them for her at the Infirmary, on account of the great misery and poverty of the object. Opium was her great consolation.*

As the catheter was never introduced, it was never ascertained by that means whether there was any collection of water in the bladder. More than once on visiting her, I past my hand over the lower part of the abdomen. I discovered no fullness such as a distended bladder would produce, but pain and soreness were complained of on pressure. For the heat and soreness of the private parts she applied some cooling ointment, which the mother procured from the druggist. In Dr. Senter's case, the urethra, bladder, and external genitals were so very sore, that it prevented him for some time, in addition to the dread she exprest of the instrument, from making an examination. The circumstance of soreness of the pudenda made me hesitate to get the instrument past, and on that ground I dropt an expression that the instrument would add to her sufferings. I felt a repugnance on my part to increase her pains for the gratification of my own curiosity, as I had in a great measure made up my mind to the nature of the case,—no fullness complained of, and none felt by manual examination; and as I did not think she would long survive, and the urinous vomiting had existed about five weeks before I saw her.† But if an examination had been made, the discovery of no urine, or of a quantity, in the bladder, would form no objection to a statement that it is vomited. Urinous vomiting can occur without any collection of urine in the bladder, which was the idea I had formed of the complaint, and the symptoms warranted the opinion. The absence, therefore, of pain and distension about the region of the bladder at the

* This drug was the great comfort in Dr. Senter's case; and it was necessary to have recourse to it in very large doses in the recent case with which Mr. Coley, of Bridgnorth, has favored the public, in the Medical Journal which has just come to hand, Dec. 3.

† If Mr. Gibbon had informed me of the resistance to the catheter, I certainly would have attended instantly, and I do not doubt the girl would have complied in my presence.

time

time the suppression took place in October, is no ground for disbelieving the girl's story. No urine was collected in the bladder, at the time, to cause painful distension: considering also the highly morbid state in which she was, having twice vomited up her fæces during the first week of suppression; with this fæculent vomiting it is not unlikely some urine was thrown up. By referring to the case, it will be seen that two years before a suppression took place for two days and two nights, when, from the symptoms she describes, there appears to have been a collection of water in the bladder. Why in the first short suppression she should state the exact sensations, denoting the presence of water in the bladder, and in the second not, there can be no reason; but that she told the truth in both instances, and both accounts, are perfectly consistent with medical facts and experience.* Dr. Senter mentions that in his case the urine was vomited up for more than a week without the possibility of relief from the instrument, although it was sometimes kept in the bladder the whole night; clearly showing that although the vomiting of urine continued, none past from the bladder; and the authenticated circumstances in Dr. Girdlestone's communications, unequivocally prove the same thing. I subjoin these by permission of the doctor, with whom I have not the honor of a personal acquaintance, but who is well known as a literary character, and as a physician of accurate observation in extensive practice.†

Yarmouth, Nov. 22, 1812.

I have every reason to believe, from a case which came under my observation during the years 1796 and 1797, that a person may live many months without any secretion of urine by the kidneys. The young lady resided above fifty miles from this spot, and was the daughter of a respectable surgeon who had served in the medical staff in Germany. She had been under the care of her father and a physician for more than two years before she was sent to Yarmouth. Her brother having been drowned, had conspired, with other

* Upon this has Mr. Gibbon founded part of his charge of imposture. I speak to him medically, and upon the best authority, in saying, that in one instance it was the ischuria vesicalis where pain, distension, and great irritation to pass urine take place; in the other, the ischuria where no water is in the bladder, and where there is neither distension nor irritation to pass it. If he will look into Cullen and Sauvages, he will find I am correct.

† Dr. Girdlestone has also lately published an ingenious and critical pamphlet on the subject of the author of Junius's Letters.

events, to induce syncope, and a variety of nervous symptoms, which had resisted all the mineral, tonic, and nervous medicines that are commonly employed in such cases. When she reached Yarmouth, she had no use of her lower extremities, nor could she lie down without inducing hiccoughs or vomitings. She had two periodical fits of hiccough, which lasted for several hours out of the twenty-four. Either animal food or any liquid, immediately on entering the stomach, excited vomitings; and during the greatest part of her residence here she was obliged to live entirely on fruit, and to sleep in an erect posture in a chair. The liquid vomited up proved to be urinous, and on standing for some time, had the healthy nebula of common urine.

This young woman was about twenty years of age, fair, and not unhealthy in her complexion; and though she was rather full, yet she had more the appearance of a muscular than of a fat person. After having tried repeatedly pills with her, without the combination of any animal food in them, I had some beef pounded into pills, and covered over with the powder of gum tragacanth. Some of these pills were swallowed in the presence of Mr. Borratt, a surgeon of this town, and myself. We kept her in conversation for above twenty minutes, when she began to express her doubts of her being able to retain the pills, as she was feeling the same sensations as if she had animal food in her stomach. The pills, deprived of the greatest part of the gum, soon came up, and with them a considerable quantity of urine, which, on the admixture of quicklime, sent forth the ammoniacal smell. Under these symptoms she remained above two years, when the sudden death of her father obliged her to return to her mother; and in a few weeks after the poor girl died, without any inspection of the body having been permitted by the mother.

There were some facts which led me to believe that the stomach in this girl had really taken on, in some measure, the office of the kidneys. Her motions were invariably found to take on the shape of a distended rectum, and to have come away without a single drop of urine; and in the presence of myself and Mr. Borratt, the catheter was introduced by a late worthy practitioner, Mr. Downes, and the bladder was found not only empty, but so contracted as to lead us to believe that no urine had entered the bladder for some time. I have to add, that every medical man in this place at that time was made to bear witness to the case; and that the landlady, a most respectable woman, was sworn before a magistrate to the facts of the motions having always

always come away without a drop of urine, and of her having seen the liquid repeatedly vomited up which had been proved to be urinous.

June 28, 1813.

The urine vomited up was about six or eight ounces at a time, about every six or eight hours, and it underwent the different appearances of the morning, midday, and evening urine, as in the urine which comes from the bladder of a person in perfect health, viz. if no animal food had been taken into the stomach to hasten the expulsion of the urine, which in that case only would be mixed with the food. And though I cannot be very accurate about the duration of this young lady's stay in Yarmouth, I think I may venture to assure you it was not less than two years from the time that I have great reason to believe she ceased to pass any urine by the bladder. I have read your ingenious paper on Ischuria, and besides the abundant evidence which you have collected from authors, I have read the evidence of others to prove the altered state of different glandular secretions, but I think that your reasoning on glandular secretions cannot be controverted with effect without a new set of anatomical facts.* I have often seen the comatose symptoms of Ischuria suspended by urinary vomitings and perspirations.

November 14, 1813.

I have just received your letter, and I can have no objection to your making what use you please of my name on the subject of urinary vomitings. I am fully convinced of the existence of such cases, both by my own observations and those of medical writers. In my patient no emaciation or loss of the appearance of health took place during the whole of her residence in this place, which was till within a very few weeks of her death.

Mr. Gibbon has clearly described the meteorismus ventriculi of Sauvages.† Some years ago I had a lad who ceased to

* If Mr. Home prosecutes his ingenious experiments and inquiries, they may throw some light, much wanted, on this curious subject of vicarious secretions.

† Inflation of the stomach from internal disease. This is a curious circumstance. In the statement of imposture, a description is given of disease, which was immediately seen by this discerning physician, in reading the account in the Medical Journal; and this opinion was formed by Dr. Girdlestone and myself separately. Yet upon this has another part of the charge of imposture been founded. Mr. Short, surgeon to the Bedford Infirmary, and Mr. Leach, house-surgeon to

to discharge any urine by the bladder for three or four weeks at a time, during which interval he had daily urinary discharges by the bowels. He was in perfect health in every respect except this, and experiencing *an inflation* of the abdomen previous to the expulsion of his urine by the rectum. I doubted the case at first; but the urine coming away simply by the intestines was ascertained by the surgeon who had long attended the family, and witnessed the fact. The lad never was prevented from pursuing his trade, (which I think was that of a cooper;) and as it is many years ago, I am unable to say whether this occasional metastasis of the urine from the kidneys to the intestines ever entirely subsided.* I agree with you in thinking that the introduction of the catheter was an argument to crush all scepticism in my case, especially as the young lady had no previous knowledge of my intentions of having this examination made, which was immediately assented to; and the facts that are proved were that no urine was in the bladder, and that it was so contracted as to lead Mr. Downes and Mr. Borratt to conclude, that no urine had entered the bladder for some weeks. And on conversing with Mr. Borratt this morning, I find that at different intervals he had repeated the introduction of the catheter in this patient, without finding any alteration in the state of the bladder, or any urine in it.

In addition to these decisive communications from Dr. Girdlestone, I have been favored with a communication by an ingenious physician in Dublin, mentioning that in a patient in whom urinous vomiting had occurred, that species of vomiting had ceased many months before the death of the patient.

That an opinion may be formed how far I was or was not justified in believing that vomiting of urine was the ground on which the girl was objected to, I here add a copy of the document drawn up at the meeting of the medical gentlemen, and which was delivered to me by Mr. Gibbon.

"We, the undersigned, having this day collectively examined and made inquiry into the case of Ann Fooks, and

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the same, (the last gentleman at my request saw the girl during the suppression,) are of opinion, *from their own examination*, that the tumefaction over the region of the stomach, was a distension of that organ from disease. There could be no doubt about its nature.

* This case remarkably confirms those of Baglivi, Haller, Hildanus, and Morgagni. See paper on Ischuria, in Medical Journal for May, p. 361.

having

having heard her positive assertion that she did not void a drop of urine from the bladder for the space of twenty-six weeks and two days,* are unanimously of opinion that such an assertion is totally void of all probability of truth; and we are likewise of opinion, that her statement of her urine having been thrown up by the mouth during the whole course of that time, is equally void of all probability, and appears to us utterly impossible.

"*Bedford, June* 26, 1812."

What is the natural inference from reading this document? That the girl was objected to on account of the belief of the total improbability of her assertion that she past no urine from her bladder for the time specified, and of the utter impossibility of her having vomited it up during the same period: and as vomiting of urine, and nothing but vomiting of urine, was the original matter of dispute, to which no doubt its occurrence in the case gave rise, what other conclusion could I in particular draw from the paper in which no other circumstances but the suppression and vomiting of urine are stated?† Now I did dissent, and I beg leave still to dissent, from this declaration of utter impossibility, and I do so on the authorities of professional men of the first respectability, and of the best records of ancient and modern date.‡ Would the girl's case have excited attention but for the vomiting of urine? I most certainly had my doubts at first, but a consideration of the peculiarities of the case, reading, correspondence with men of eminence and research, gradually removed my doubts, and I ended

* This is an accidental error of no consequence; it was twenty-six weeks all but two days. This document I have inserted since the appearance of Mr. Pulley's paper, who has given the names of the gentlemen who signed it; it was therefore right that the document itself should appear.

† Vomiting of urine was the chief feature which occupied the conversation when Mr. Short, Mr. Pulley, Mr. Gibbon, and myself, met at Ann Fooks's, who was severely questioned by Mr. Gibbon on the subject, but who repeatedly asserted that she vomited it. This was the head and front of her offending. We then separated with our different opinions on the subject. What discussion subsequently took place at the meeting with the other professional gentlemen, at which I was not present, and at which the document was drawn up in one united opinion, I do not know. I beg it may be understood, that I do not intend to say that other circumstances of the case were not taken into consideration at this meeting; all I mean to say is, that vomiting of urine was the original objection to the girl by Mr. Gibbon, and was the cause of the *original* difference of opinion between us.

‡ Haller, Morgagni, Sauvages, Girdlestone, &c. &c.

in the belief that the circumstances stated in the document are by no means utterly impossible, particularly too in a question of intricacy.* Let the case and all the circumstances connected with the girl's statements be dispassionately examined, let the opinions and authenticated facts of discerning characters of the present day be canvassed with respect, and let the great medical authorities be looked into with candor, and then let judgment be given.

The objections to the girl's statement are not to me sufficient grounds for rejecting her. The circumstance of the urine being thrown up unmixed is certainly very probable, for the reasons already given, and from the close and undeniable analogy which it bears to the same facts in the cases of Dr. Girdlestone and Dr. Senter. In addition, Mr. Coley states, in his recently published case, that the vomited urine, *minutely examined*, possessed all the properties of healthy urine. The resistance to the use of the catheter can be readily accounted for from what has been mentioned, in addition to which it is clear that no water was collected in the bladder to cause distension and pain sufficient to overcome her feelings against the use of it; the argument, therefore, that the great pain of suppression would have been sufficient to have induced her to comply, falls to the ground, although the suppression should have existed for a considerable time.

Her extreme suffering from disease in various shapes, appears to me to preclude the idea of her inventing so extraordinary a circumstance as urinous vomiting. There are abundant sources for commiseration without it; and if invented would have been easily detected, did not her other symptoms materially corroborate the fact. Again: had she been in a better state of health than that in which she really was, this would not preclude the possibility, medically speaking, of vomiting of urine, from the analogy of the facts in Dr. Girdlestone's cases, where no emaciation was observable.† What symptoms were wanting to complete the species of stupor which occurred immediately previous to the return of the urine to its natural passage, I cannot

* Surely it cannot be imagined I mean the slightest disrespect to any individual by this dissent, as it is only that difference of opinion which we daily meet with. The question then is now, whether the circumstances stated in the document are sufficiently improbable and impossible to convict the girl of imposture.

† See Mr. Coley's case, which confirms Dr. Girdlestone's. "The pulse continued at 90, the appetite was good, and *she had not experienced any emaciation,*" are Mr. Coley's observations on his case of urinous vomiting.

divine,

divine. The account of this comatose state was taken from the lips of rustic ignorance, and is the description of exquisite disease, constituting the carus ischuriosus, or delirious stupor from suppression of urine. I think it very probable if the brain had not been relieved, the girl would have died of oppressed brain, and a urinous fluid would have been found effused into its ventricles.* Whether then the objections to the girl are founded on her statement of the duration of the suppression of urine, of the vomiting of it at intervals, for the time specified, of the different symptoms attending the commencement of the suppression at two separate times, on the distension of the abdomen, on the appearance of the stupor, on what is considered her more healthy appearance,† or on all of these, I cannot join in the cry against her, because the very same things have been witnessed in the patients of very respectable professional men of discernment and accuracy of the present day, with many others, which the paper on Ischuria will furnish; and having occurred in them, I cannot see why the possibility of such occurrences should be denied in the unfortunate sufferer, particularly under her highly morbid condition.

The greatest part of her sufferings were in a tangible shape, and were frequently witnessed by some of the most respectable people in Bedford. They were visible in the shape of palsy, spasms of the limbs, vomiting of blood, discharges from the ears, profuse sweatings, cutaneous eruptions, and dropsical swellings. They were not the transient effects of ephemeral disease, they made a permanent impression for a considerable time. The parish relief was at one time withdrawn, when it was renewed by the order of an active magistrate, not easily deceived, who has frequently personally examined and pitied her sufferings and her indigence. A great part of the observations on the case were written a considerable time ago, and are now interwoven with other matters which Mr. Gibbon's paper has rendered it necessary to detail. Had I done any thing beyond defending an opinion on urinous vomiting, which I still maintain, and which it was necessary in justification to defend, a

* See Cullen and Sauvages for Carus and Coma; Portal and Cheyne, in the paper on Ischuria, p. 368, the latter on Apoplexy passim; and p. 212, where a recovery took place from this urinous stupor, by the urine unexpectedly returning to its natural channel.

† The expression "very thin," used by Mr. Pulley, is analogous to emaciation. It is a relative term applied by me to the different states in which the girl was before and after the stomach complaint commenced.

retort

retort of dignified resentment and of calm refutation would have given grace to his opposition, and a professional spirit to his paper. It must now be recollected, that whatever remarks have come from me, have been called forth in *defensive reply*. Unfortunately, however, for his cause, the disputed occurrence has been confirmed as an unequivocal fact by Haller, Morgagni, Sauvages, Girdlestone, and a host of medical writers, whose authorities have never been doubted, and whose publications are considered at this day as standard books of reference.

The girl has sworn that she past no urine naturally for the space of time mentioned in the case, and that during that period she very frequently vomited a fluid of the taste, color, and smell of urine. Two other persons have sworn, one that she saw her vomit a fluid similar to that which was brought to me, and that she was in the room some time, and should have seen if she had drank any thing previous to vomiting.* The other, that she saw her vomit a dark slimy matter of a nauseous smell like strong urine.† I put these persons to their oaths with a view of seeing whether they would bear the test; the oaths were taken with great readiness, and with every appearance of truth. I never had any idea of treating the subject but purely as a medical question, and as such I have discussed it both now and in a former paper. The judicial mode of inquiry has been forced upon me, and in addition to the oaths I subjoin the testimony of three most respectable members of society to the girl's character, that it may be seen I have not taken up the history on light grounds, whether medically or judicially considered. This paper was sent to me without any knowledge of it whatsoever on my part until the moment of its reception, which was on the 29th of March, 1813. The document itself has no date, and as far as I am acquainted, I do not believe that the girl knows to this day that I possess such a testimony to her character.

"Whereas the character of Ann Fooks, a poor young

* Sarah Triplow, æt. 44, in whose cottage the girl lodges. This woman says she has witnessed her vomiting urine more than once.

Hannah Davies, another woman, also says that she saw Ann Fooks vomit a fluid similar in color and smell to urine, and that she was in the room some time before. This woman does not live in the same house. She is ready to depose to this declaration.

† Lætitia Clarke, æt. 67, who lives in a row of cottages at a small distance. —The oaths were administered by Francis Green, esq. a justice of the peace, before the Rev. Thomas Cave, the clergyman of the parish in which the girl resides, and the Rev. T. S. Grimshaw, vicar of Biddenham, and myself, in July, 1812.

woman,

woman, who has for several years resided in Bedford, under a succession of most painful and distressing bodily complaints, has, we apprehend, received injury from various imputations tending to lessen that esteem and respect to which we think her entitled; we, therefore, whose names are hereunto subscribed, not presuming to offer any opinion on points exclusively of a medical nature, but actuated by compassion for her long sufferings, and a desire of vindicating her integrity and veracity, do hereby think it right to state that we have had frequent opportunities of estimating her moral character, in the course of very frequent visits during her long protracted illness, in consequence of which, altogether unsolicited by herself, we do voluntarily state our opinion, that whatever may be the peculiarities of her case, medically considered, we deem her by no means justly liable to the charge of wilful deceit and imposture: on the contrary, we think she has evinced the most decided proofs of piety and resignation under afflictions the most extraordinary and painful.

(Signed) "Legh Richmond, Rector of Turvey.
"T. S. Grimshaw, Vicar of Biddenham.
"J. K. Martyn, Curate of Pertenhall."

Certainly, Mr. Pulley did state to me an opinion of urinous vomiting similar to that which he has described in his published paper. I never heard the doctrine maintained that solid calculous matter deposited in the bladder was absorbed, carried to the stomach, and vomited as such; but as vomiting of urine is a fact established upon unquestionable authority, I see no reason why a calculous precipitation should not take place from the urine in the stomach as well as in the bladder. In Mr. Coley's case a disagreeable excess of uric acid attended the vomiting of urine; this in a sabulous form would be calculous matter. What says Haller?—Arenosæ enim glebulæ naribus adhæserunt. What is the saline deposition on the skin in urinary perspirations but the same thing?* What are urinous particles, solid or fluid? Are they muriatic or phosphoric salts, lithic acid, phosphat of lime, animal extractive matter, or all these put together? The component parts of urine in solution is urine, nothing else can be made of it. The discovery of no stone in the dissection of Dr. Senter's patient, forms no objection to the case in the least; one may have been in the bladder at the examination, and yet none found at the death of the patient; for there is a species of stone friable and easily crumbled

* See p. 359 of the paper on Ischuria, for a case of this kind, by Dr. Johnson, of Kidderminster.

down into small portions and past off.* Calculi of this kind are sometimes formed, in which the uric acid is not deposited in crystals, but is mechanically mixed with the animal mucus of the urine. The particular kind of gravel which came away from Lucy Foster, would produce a stone of this kind. What says Dr. Senter? "A *brick-colored* gravel began to pass off through the catheter, and soon became so large and plentiful, that neither urine or gravel could be completely evacuated by the instrument in the usual form." Calculi (Phil. Trans. 1808) of uric acid vary in color from a *deep reddish brown* to a pale yellowish brown; the former was the kind of calculi which came away from Foster, and would produce a stone exactly like the one Dr. Senter says he felt with the sound. "I readily met with a stone which appeared of a small size, and rather softer than urinary calculi usually are."

If it be admitted that Foster drank her urine for three long years, to which I cannot agree, so diseased as she was, I do not see how it was to be vomited unmixed with the contents of the stomach, taken in this way, any more than when it is past into the stomach by the animal economy; and that it was brought up like healthy urine in this case as well as in Dr. Girdlestone's and Mr. Coley's cases, there is given the most undeniable testimony. Under the same supposition, how was it that the urine past off by the navel? as also happened to the young woman mentioned by Hildanus. No fluid was discovered after death with a urinous impregnation, because it was perfectly plain that the urine was all discharged by vomiting and purging before death; and if any small quantity did remain in the stomach, its detection would be extremely difficult, from the gangrenous state of that viscus, and the fœtid nature of its contents. The editors of the Medical Facts, at the head of whom was the late celebrated Dr. Samuel Foart Simmons,† have abridged into their works this case of Dr. Senter's, and have said that Dr. Senter has added many judicious remarks. The genius of Darwin has quoted this case as one of authenticity, in confirmation of some of his physiological opinions.

The medical records to which I originally referred for a

* See Wollaston, Home, and Brande, in Phil. Trans. on urinary calculi. Dr. Wollaston describes six kinds. Surgeons have often seen quantities of sabulous particles, and small fragments, (not distinct ones themselves,) of evidently larger stones discharged by the urethra.

† This learned gentleman was physician to St. Luke's for many years, and was called upon to attend the King.

proof

proof of the frequent occurrence of the disputed symptoms, are those of authors whom the medical student is taught to venerate and to respect; to look up to as containing a fund of knowledge and experience to be drawn upon by the profession. These medical patriarchs are dead, but as long as their works live they will never be dead to society. They have niches in the temple of learning which nothing but oblivion can destroy. They are not to be blown away by the blowing of the breath of displeasure, like dust upon the shelf; but will remain a ponderous mass of accumulated wisdom, which something more than individual disregard can erase. The facts will remain, but medical systems will change—they must change, because human knowledge in the application of these facts is progressive: but amidst these revolutions, honor will continue to be paid to the memory of such as these, for their accuracy and professional zeal, as long as learning and genius are esteemed among mankind.

January 4, 1814.

P. S. I have just read Mr. Gibbon's paper. Mr. Gibbon need not have gone so far back as the Journal for July for my belief that the meeting of the medical gentlemen, which took place when the document was drawn up, was a casual one. I have stated this also in my paper to which Mr. Gibbon has just replied, and I again repeat that I have no doubt the meeting was perfectly casual and accidental. It was stated that all the gentlemen of the faculty who had attended the patient should be present at the proposed investigation, and that it was proper I should be there. This was the hint I alluded to, and Mr. Gibbon expressed his sorrow at my absence; yet he holds the meeting, when he learnt by sending to my house that I was from home, and could not be in the way in time to attend; and afterwards publishes a statement in which he tells the public I am implicated, and in the full and final discussion of which I had no part, as all the medical gentlemen at this meeting had never met together before on the subject; and Mr. Gibbon should have recollected that between him and me the original difference of opinion took place on the case. This certainly wears an ungracious appearance on his part. All the other gentlemen who were called to attend this meeting, did, and could do no otherwise than attend and declare their opinions on the symptoms of the disputed case, and this was done in a fair and manly manner. I never intended the smallest idea of unfairness against them. It was Mr. Gibbon's mode of proceeding relative to this business, subsequent to the meeting as already stated, which

created an ungracious feeling in my mind on that account, and not any thing done by the gentlemen in attending this meeting; and my observations apply this way in my former paper. I do not forget the other meetings prior to this I was present at, but neither Dr. Kerr nor Dr. Alvey were present. What therefore Mr. Gibbon means when he says that I was present at a meeting of *all* those medical gentlemen to whom I allude, I do not understand. The ludicrous history was or was not intended to apply to the cases related on the great authorities stated in the paper on Ischuria. If it was intended, the observations which I in consequence made on the disregard of learned authorities, still hold their ground; if it was not intended as the medium of conveying a sarcastic disbelief of the statements taken from those high professional characters, to whom Mr. Gibbon now offers the homage of respect, then the cases they relate are cases of credit, and being fully as extraordinary as the symptoms stated in the case of Ann Fooks, the opinion of the impossibility of their occurrence in her falls to the ground on the best authorities. This was exactly the Q. E. D. of that paper.

Bedford.

For the Medical and Physical Journal.

Case of Hydrophobia.

HOWEVER sanguine may have been the hopes that some individuals have lately entertained of the sanative effects of blood-letting in hydrophobia, sanctioned by the authority of Dr. Schoolbred in the East, and of some practitioners in this country, the following case related in the Madras Courier, Jan. 5, 1813, as far as a solitary instance can have weight, is decidedly against the practice. It may be objected indeed that a newspaper is not very good authority, and that the names of the practitioners are concealed. Such an objection is certainly strong, yet the case is so circumstantially narrated, and evidently in the language of a medical reporter, that there is little cause for hesitation in admitting its authenticity.

The dog, which it seems had previously exhibited no marked signs of deviation from health, bit three individuals on the 2d of May, only one of whom, Miss D. afterwards became affected with hydrophobia. The bitten parts were cut out, and mercury was exhibited so as to occasion salivation; yet on the 14th of the following June, the disease made its appearance, the particulars of which are thus recorded in the Madras Courier.

"This

"This day (14th of June), she complained of great languor; in the evening she took some camomile tea, which operated powerfully as an emetic. She perspired profusely during the greater part of the night. On the 15th she came to the breakfast table, but had no appetite, and eat nothing. When water was brought to her to wash her mouth, she was observed to tremble. About noon some arrow-root was dressed, which she requested should be given to her in a coffee cup, and not in a glass, as her friends intended; she shivered strongly when she saw the arrow-root. She succeeded, however, in swallowing a little of it, although with infinite difficulty. At dinner she eat a little, but now very evidently shuddered when water was brought to her view. She swallowed a little tea, and ate a small portion of bread, about five P. M. At seven swallowed a little coffee; in an hour after she perspired very profusely, and complained of great giddiness. Between nine and ten o'clock the doors of her room were opened to admit more air; she instantly complained of the current of air giving her great uneasiness, and begged to be removed from it. She often attempted to sleep during night, but was almost instantly awakened by frightful dreams, hastily starting up, trembling, and shivering. About three A. M. she complained of a sensation of extreme heat in her throat and belly; the giddiness at the same time continued unabated. At her own desire, water was brought to her bed-side to bathe her feet; on her perceiving it she shuddered strongly, and turned from it as if terrified. In a short time, she so far conquered her aversion to water, as to place her feet in the tub for a few minutes; for a little time she thought the giddiness relieved. I was called to visit her on the morning of the 16th, and reached her house about half-past seven o'clock, where I was soon joined by two other physicians: we found her sitting on a bed in a reclining position, supported by pillows, and her arms placed across her body. The muscles of the face were frequently convulsed, and the angles of the mouth occasionally drawn back. Her eyes were glassy, and at intervals fixed, with a wild unmeaning stare. The collection of saliva in the mouth gave great uneasiness, although it was partially expelled by expiration, in a state of foam. Every three or four minutes the viscid phlegm seemed to irritate and throw into convulsions the muscles of the throat, when she exerted her whole force to expel the offending fluid.

"The skin was covered with perspiration; it ran over the face in drops—her pulse was about 100, and sharp—her respiration was hurried, and unequal—the countenance expressed great anxiety, occasionally it indicated extreme

agony. She sometimes glanced her eyes through the room, while her countenance expressed a suspicious watchful dread of some impending evil. Except when the irritation and spasms of the muscles of deglutition occurred, the chief uneasiness she complained of, was a painful sense of heat in the throat; the giddiness of the head also continued to trouble her. In general, she seemed unwilling to speak, and when she attempted it, the tongue faultered, the lips trembled, and her lower jaw did not readily obey the will. Her speech was consequently hurried, and not always very intelligible. She seemed sensible, and perfectly conscious of what was passing around her: she expressed an earnest desire, that her father and sister should remain constantly by her. At her own request, a little rice was brought to her, of which she swallowed a small portion, but after an extremely painful exertion of the muscles of the throat. On hearing one of us express a wish to see water brought into her view, she readily complied, and showed great willingness to gratify us, although she was evidently afraid to make the trial. She even put a cup, which contained some water, to her lips, and attempted to swallow a little, which was instantly rejected with great force by the spasmodic constriction of the muscles of deglutition. This attempt was also accompanied with general convulsions. When water was brought in her view, a short time after, she turned from it with a countenance expressive of horror.

"When the hand was examined, it was found that the wound was perfectly healed, leaving a slight eschar in the skin, but without induration or tumefaction of the parts under it.

"She was bled in the right arm by a large orifice, and the blood permitted to flow until faintness was produced; the quantity of blood taken away was about twenty-four ounces. Soon after the vein was opened, she very intelligibly expressed herself generally relieved, particularly of a heaviness and giddiness of the head. The spasms of the muscles of the throat were evidently less violent, and also much less frequent; her countenance became comparatively placid and natural. Before the vein was closed, the pulse was so weak as scarcely to be felt at the wrist. During her state of faintishness, a phial containing eau de luce was applied to her nose, which instantly produced strong involuntary actions of the muscles of the throat and face.

"In about ten or fifteen minutes after the arm was tied up, the morbid symptoms returned with increased violence; and debility supervened rapidly. An enema, with four drachms of the tinct. of opium, was now exhibited. Shortly after,

after, she was suddenly seized with a severe pain and sensation of burning in the regions of the epigastrium and umbilicus, in consequence of which she shrieked out, in great agony. She continued to scream for about twenty minutes, and then became suddenly quiet. A warm bath having been previously prepared, she was now put into it: she expressed no horror at the sight of the water, nor on immersion. After being removed from the bath, she was put to bed. The system now seemed extremely relaxed and debilitated: the pulse could not be felt at the wrist; the pupils of the eyes were dilated; the countenance was sunk; and the skin covered with a cold perspiration: foam was no longer formed at the mouth, probably the power of swallowing returned. Her breathing was hurried, and accompanied with a convulsive sob. At a quarter past nine A. M. she expired.

"The history of this case confirms the melancholy fact, that the bite of a dog, apparently healthy, is occasionally followed by hydrophobic symptoms. While the animal who inflicts the wound continues to eat, and particularly to drink, and when its temper is not much altered, the only certain means of preventing this disease is too generally deemed premature; the friends of the patient are lulled into security, and readily believe, because they anxiously hope, that the dog is not affected with one of the most destructive of all maladies. We may likewise learn, that complete excision of the lacerated parts, two days after the infliction of the wounds, is not likely to be generally successful. In this case, the wound being situated in a muscular part, an excellent opportunity was afforded of removing the torn integuments and muscles, more effectually than generally occurs in wounds of this kind.

"Mercury has been recommended, both as a preventive and cure of this disease, by many respectable names; although it was here carried to a very considerable extent, and exhibited early, the supervention of the disease was not prevented by it; probably the symptoms were not in the least protracted."

For the Medical and Physical Journal.

Observations on Ann Fooks's Case; by Mr. GIBBON.

THE controversy respecting Ann Fooks may well be said to assume an extraordinary complexion, when the Rev. J. S. Grimshaw voluntarily steps forward to assert her veracity, in opposition to the most incontrovertible presumptive evidence of her utter falsity.

His

His interference at all seems injudicious, but his manner of interfering still more so.

His document may appear important in his own eyes, but a few observations upon it will tend very much to lessen its importance, in the estimation of all unprejudiced persons, and the public at large.

Mr. Williams (a member of the Royal College of Surgeons, and a surgeon of his Majesty's navy) is ready to come forward with me, and assert upon oath, that the statement, in point of fact, which I have already given respecting the case of A. F., is strictly true.

A careful perusal of that, and the letter which I sent to you last month in reply to Dr. Yeats, will answer very satisfactorily the greater part of Mr. Grimshaw's letter. Nevertheless, to prove that I am not averse to discussing the merits of A. F.'s case to the fullest extent, I will gratify Mr. G. by trying to clear up the doubts which may appear to hang over the subject.

Dr. Yeats's history of her case may call for some notice in your Journal for March; the present communication will, I trust, be inserted in your next Number.

It is very true that A. F. first objected to the examination of her bladder upon the grounds of its being unnecessary and dangerous. Dr. Yeats had assured her it was so. He had even assured her and her mother that it might be the cause of her death, or, as I think she said, *her instant death*, if the catheter was introduced. Who, however, but A. F. would swear to, and who but Mr. Grimshaw would believe when sworn to, the individual words which passed in a casual conversation, and which were not noted down upon the instant? Why did A. F. report only a part of a conversation? Why does she fail to inform Mr. Grimshaw, and the public, through him, of the observations which Mr. Williams and I first made, when her objections to the use of the catheter were started? Why does not Mr. G. report that Mr. W. and I called again and again, to urge the necessity of introducing it? Dares she commit herself so much as to assert, through the medium of her friend Mr. G., that I ever *objected* to the interference or assistance of Dr. Yeats, and other or all the medical gentlemen of the town? No, she dares not and she cannot. I solemnly declare, that it was at her earnest and pathetic request alone, I delayed from day to day the calling together a general meeting of medical men (not excepting Dr. Yeats) for the express purpose of declaring my opinion of A. F., and of *insisting* upon an examination of her bladder.

Had she ever expressed a readiness to submit to the introduction

troduction of the catheter, either by the advice of Dr. Yeats, or of any other medical man, Mr. Williams or I would upon the instant have sent for him, or them; but we never could for one moment obtain her permission or promise that it should be done under any circumstances. On the contrary, I have the clearest recollection that A. F. positively declared she would not, whilst she had the power of resisting, submit to any examination; and that if Dr. Y. should then, in opposition to what he had formerly advised, ever so strongly urge the introduction of the catheter, she would never agree to it. We thought it useless, under these circumstances, to request the assistance of any other medical gentlemen, until we determined to declare publicly our firm belief of the imposture.

As a corroboration of the preceding remarks, I ask, why did not A. F. or her friends, whom she so kindly entrusted with a part of our conversation respecting the use of the catheter, *at the time of its occurrence*, send for Dr. Yeats, and confront him with Williams and me?

A. F. and the persons about her, well know how urgently we advised, and even threatened her (in respect to consequences) to no purpose, whilst endeavoring to obtain her acquiescence for using the catheter.

I ask again, why she did not, *if her story is true*, request the interference of her friend Dr. Yeats during one of our many visits?

No gentleman of the medical profession could have gravely related the conversation, which is supposed to have passed, respecting the vomiting of urine. Let it, however, be remembered, that Mr. Williams had very patiently watched the effect of one emetic, a few days previous to my going for the same purpose; and that he returned from her house perfectly assured A. F. was an impostor. Let it be remembered likewise, that when I reached the house, there was half a pint of perfectly clear and healthy-looking urine ready prepared for my inspection: that I persuaded her to drink some warm water, which returned without urine, and without ipecacuanha, although this drug (I was told) had been taken to cause the vomiting. Where it could go, when the urine and warm water came up from the stomach, I know not. I might have said, that if more urine did not come up soon, I must attend to my patients. A. F. and her mother said, it was not a vomiting day. Before Mr. Williams and I expressed a determination to witness the vomiting, they did not know of "*no-vomiting* days." They talked of its coming up by pints at a time as easily as one could swallow a breakfast.

I may

I may safely leave it to the united testimony of a great proportion of the inhabitants of Bedford, to decide whether I was not perfectly correct, in regard to the amount of the charitable contributions which were levied upon their generosity. If A. F. had but enough for common exigencies, during the year preceding my calling her veracity into question, what is the state of others who are poor and sick?

I solemnly disclaim the most distant intention of unjustly assailing the moral character of a poor miserable girl.

Unfortunately, neither the prayers nor pious observations of Mr. Grimshaw avail towards clearing up the doubts that must remain upon the minds of all unprejudiced persons respecting the veracity of A. F.

Does he set the example of not intrenching upon the reputation of others? What means he by vaguely insinuating that I give painful testimony of personality? I endeavour to act, professionally, with propriety and integrity; and defy him to prove the contrary.

Analogy will avail him but little, in disproving the circumstances of suspicion that attach to the case of A. F. Where is the case, at all analogous, in its different features?

Lastly, let it be remembered that I may have occasion to make some pointed observations upon the two latter paragraphs of Mr. Grimshaw's letter which are printed in italics. The one says, "near the time of their occurrence"—the other "at the period of the occurrence itself."

Bedford, Jan. 11, 1814.

For the Medical and Physical Journal.

On the coloring Matter of the black Bronchial Glands, and of the black Spots of the Lungs; by GEORGE PEARSON, M.D. F.R.S.

IN the adult human animal, the glands designated *bronchial* are generally of a black or dark-blue color. These organs, which are allowed to be lymphatic glands, as is well known, are situated at the root of the lungs externally, within cellular membrane, near the bifurcated trachea; as well as internally on or near the large branches of the bronchi.

At the age of about twenty years, the lungs have a mottled or marbled appearance, from black and dark-blue spots, lines, and points disseminated immediately under the transparent pulmonary pleura. As hath been repeatedly observed, the lungs generally become more dark-colored proportionately to their age. Accordingly, at upwards of sixty-

five

five or seventy years of life, they often appear almost uniformly black, from the number and congeries, or coalescence of the maculæ, points, and lines, just mentioned. Throughout the whole interior substance of the lungs, the black spots are seen in a great measure corresponding to the external appearance.

I do not find that any observations and experiments have been made to determine the nature or cause of the black color above described of the pulmonary organs. It is true, a conjecture has been proposed, that sooty matter taken in with the air may be the occasion of the color of the lungs; and that the color of the glands is occasioned by a peculiar secretion. But the former conjecture has been supposed to be satisfactorily refuted by the absence of the appearance in question among brute animals; as also by its presence in persons who breathe the air of the provinces at a great distance from towns, or places of great consumption of coal; and the latter conjecture is palpably erroneous, because the bronchial glands, of which I am speaking, are not organs of secretion, but of conveyance of lymph.

The course of investigation, in which I have long been engaged, to improve the pathology of pulmonary consumption, led me to some experiments and observations on the subject now stated, which I respectfully submit to the consideration of the Society.

After cutting away the cellular membrane surrounding the black glands, and washing them till the water was no longer colored, I subjected them to examination.

1. On pressure between the fingers, to burst the investing coat, a black fluid issued which stained the skin, which rendered water black, and which did not alter in color, or apparently dissolve, even at a boiling temperature, either in water or in concentrated muriatic or nitric acids.

2. On breaking down the structure, and triturating in a glass mortar a number of these glands with a small proportion of water, a thick black liquid was produced, which was decanted from off many membranous and fibrous masses. But after repeated affusions and trituration, I could not deprive these masses of their black color, although the water was at last scarcely tinged: it was only by dissolution in caustic potash lye, or in nitric and muriatic acids, that I could totally separate the black matter from the animal substance to which it seemingly adhered. After repose, a black sediment took place in the waters of elutriation, as well as from the alkaline, and the acid dissolution, which on decantation and evaporation to dryness, afforded the deposit in the state of a black powder.

The texture and proportion of the tinging matter of the glands was very different in different subjects, whether the lungs, to which they belonged, were in a healthy or diseased condition. In persons of about eighteen to twenty years of age, some of the bronchial glands contained no tinging black matter at all, but were of a reddish color; others were streaked, or partially black; and others were quite black, or of a dark-blue color.

3. By boiling the black glands in lye of caustic potash, their structure was destroyed, and a turbid black liquid was produced, from which, on standing during several days, a copious black sediment took place; but the liquid still remained black, after remaining at rest a month, much of the tinging matter continuing suspended. By dilution with water, this matter deposited in a clear liquid.

4. By liquid muriatic acid, of the specific gravity 1.170, the bronchial glands were dissolved at a boiling temperature, affording a turbid black liquor; but on repose, an abundant black deposit took place from a clear yellow liquid, as well as a quantity of the same matter appearing on its surface. On separating this precipitate, and evaporating to dryness, it became a black powder.

5. Nitric acid liquid, of the specific gravity 1.500, most speedily dissolved the substances under examination, affording a clear yellow liquid with abundance of black matter on its surface. The separation of this coal-like matter is effected most easily with this acid.

It may not be quite superfluous to mention, that from the bronchial glands, which were not at all colored with black matter, but were merely red, no black matter was separable by the above-mentioned acid and alkaline solvents.

I next examined the black and blue coloring substance of the surface and interior parts of the lungs.

1. A portion of the lungs beautifully marked with a crowd of these colored areolæ, spots, points, and lines, after being washed till it no longer imparted a bloody tinge to water, still retained these appearances undiminished. On pressure of these colored parts between the fingers, the skin was sometimes stained of a black color.

2. On treating the substance of the lungs, abounding in the above-described black and blue parts, in the same manner as the bronchial glands just related, with water, with liquid caustic potash, with muriatic and with nitric acids, similar phenomena, with specially the separation of black matter, was observed. The proportion, however, of this black substance was very much smaller to the animal matter dissolved, than in the former cases.

3. To

3. To show that the black matter is of the same kind in the differently figured black parts of the lungs, it may be worth while to relate a particular experiment.

A thin slice of about three inches square of the surface of lungs exhibiting black lines, maculæ, and points under the transparent pleura, was put into a vessel containing three ounces measure of liquid nitric acid. On this it floated, but all of it was presently dissolved, except the colored parts, which retained their respective forms till the vessel was shaken: then they were destroyed, and afforded a coating or stratum of black matter on the surface.

Having collected an adequate quantity of the coloring matter in a powdery state, for examination, I performed a number of experiments, but it seems needless to relate more than a few decisive ones.

1. A little of the well exsiccated black powder being sprinkled upon fused nitrate of potash, deflagration took place as with charcoal of wood, or with soot.

2. The same phenomenon occurred with melted oxymuriate, or chlorite of potash, but at a much lower temperature,

3. The deflagration with nitrate of potash, and also with chlorite of potash, was produced, in a suitable glass vessel, to collect the compounded gas; which was received into lime water, and found to be charcoal acid.

4. A little of the black powder was very easily ignited upon a plate of platina, and was speedily burnt off, smelling like burning animal matter, and leaving a minute residue, sometimes of reddish powder and at other times of white.

5. The powder was ignited in a green glass tube closed at one end, and kept red hot from ten to fifteen minutes, the open extremity being slightly stopt with a clay lute to prevent the admission of air. A white vapor with water was discharged, and a minute portion of animal empyreumatic oil was condensed in the upper part of the tube. There remained on cooling, a fine black powder, which in different trials lost $\frac{1}{7}$ to $\frac{1}{4}$; i. e. about $\frac{14}{100}$ to $\frac{25}{100}$ of the original weight of the substance.

6. On treating the coaly powder by exposing it to fire, and with the pneumatic apparatus, the products were always charcoal acid, hydro-carbonate gas, and much water, with generally a little empyreumatic oil, and sometimes a trace of prussic acid, leaving a residue varying in weight as just stated.

From the properties above manifested, I conceive I am entitled to declare the black matter, obtained from the bronchial glands, and from the lungs, to be animal charcoal in the uncombined

combined state, i. e. not existing as a constituent ingredient of organized animal solids or fluids.

I mean by the term animal charcoal what is popularly understood. Of course I do not mean pure charcoal. Such a state of this substance cannot here be reasonably expected, either from a consideration of the state of it, as inspired from the atmosphere, or from its necessary impregnation with animal matter during its long residence in the lungs. I imagine no person would hesitate to consider such a coaly substance as the present to be charcoal, if derived from other sources besides the animal economy; it being, as shown by the preceding experiments, a black, tasteless, infusible powder, indissoluble in muriatic acid, nitric acids, and perhaps all common acids, except the sulphuric, affording as large a proportion of charcoal acid as animal and vegetable charcoal which has been exsiccated at the same temperature, and equally resisting fire in close vessels.

For the purposes of physiology, a few theoretical remarks may, perhaps, be useful. I think the charcoal, in the pulmonary organs, is introduced with the air in breathing. In the air, it is suspended in invisibly small particles, derived from the burning of coal, wood, and other inflammable materials in common life. It is admitted that the oxygen of atmospherical air passes through the pulmonary air vesicles, or cells, into the system of blood-vessels; and it is not improbable that through the same channel various matters contained in the air may be introduced. But it is highly reasonable to suppose that the particles of charcoal should be retained in the minutest ramifications of the air tubes, or even in the air vesicles, under various circumstances, to produce the colored appearances on the surface, and in the substance of the lungs, as above described. It must also be considered, that innumerable absorbent lymphatic vessels take their rise in the bronchial tubes; for the lungs are more richly stored with lymphatic vessels than any other organ, excepting the liver. When I compared the black lines and black net-like figures, many of them pentagonal, on the surface of the lungs, with the plates of the lymphatic vessels by Cruickshank, Mascagni, and Fyffe, I found an exact resemblance; and when I found that these vessels contained charcoal, I judged that it was fair to infer, that the lymphatics of the lungs absorb a variety of very different substances, and especially this coaly matter, which they convey to the bronchial glands, and thus render them of a black or dark-blue color. Hereafter, among other enquiries, the color of the large trunks of the lymphatic vessels, just *before* they enter the bronchial glands, and just as they pass out of them, ought to be observed.

served. Also the effect of the charcoal thus conveyed into the thoracic duct, or directly into the blood by the lymphatics from the black glands, is, I presume, worthy of attention.

According to this theory, we can account reasonably for the absence of the black color of the bronchial glands, and of the lungs in infants, in children, and even frequently in persons of eighteen or twenty years of age. For the same reason these appearances are seldom observed in any brute animal which has fallen under my observation. On a subject so novel, or at least so much neglected, as that on which I am writing, many facts are wanting to establish, demonstratively, any theory which can be proposed; but I know of none, at this time, which are at variance with that I have ventured to offer.

George-street, Hanover-square,
June 13, 1815.

P.S.—Since my last communication to the Society, I have had an opportunity of making some further observations and experiments on this subject.

The lungs of an infant, who lived two days, were obligingly sent to me by my friend Mr. C. M. Clarke. I found the bronchial glands quite white, and the lungs appeared externally of an uniform reddish color. The pulmonary organs of a girl of fifteen years old, I found rather thickly mottled, but the bronchial glands were only tinged on their surface, and did not yield one-fourth of a grain of coaly powder. In two other females also, aged nearly fifteen years, who died of pulmonary consumption, the lungs were not at all marbled, but some of the bronchial glands were tinged black, and others were white. The lungs of two men, the victims of pulmonary phthisis, at the age of twenty-one years, exhibited thinly, black spots, streaks, and areolæ, with many of the glands in question of a deep-blue color. A woman's lungs, thirty-one years of age, were found studded beautifully with black spots and lines, the bronchial glands being all either blackish or blue. In no instance have I observed the lungs and glands, here spoken of, so black, and from which I separated so much charcoal, as in those of a person forty-two years old, whose death was occasioned by most extensively-diffused tubercles, many vomicæ, and a considerable condensation of the pulmonary organs. I now recollect that this subject had been a smoker of tobacco, generally several times, but always once a day, for perhaps more than twenty years. Future observations must determine more satisfactorily the state of the pulmonary organs, according to the impregnation

impregnation of the air with sooty vapors. If, hereafter, it be shown that the lungs of persons living remote from sources of such vapors, are still greatly impregnated with coaly matter, the just conclusion can only be, that such matter is more extensively diffused through the atmosphere than is apprehended. This being the fact, it would also afford a proof that it is only the invisibly small particles which are absorbed, for the larger particles remain unabsorbed, entangled in the mucus lining the air vessels, and never get farther, but are rejected from time to time by expectoration. Accordingly, in a morning, healthy people, after the night's rest, very commonly hawk up mucous matter of a bluish color with black streaks, owing to charcoal; and persons in a diseased state, especially by great exertions in coughing, frequently expectorate matter spotted and streaked with black particles. The quantity of coaly matter in the pulmonary organs is not entirely according to the age, for I was disappointed on finding the lungs and glands in a woman of seventy-five years of age, in London, not more deeply colored than is usual at the age of fifty. At present I am unable to state any connection between certain diseases, and the presence of coaly matter.

Farther investigation has shown, that this coaly matter does exist in domesticated brute animals; but as they die, or are killed generally before they attain to twenty years, or even fifteen years of age, the organs in question are seldom seen blackened. However, in diseased conditions, the cases are not according to this rule. With the approbation of Professor Colman and Mr. Sewel, several of the worthy students of the Veterinary College have frequently obliged me by furnishing, for my examination, the lungs of horses and asses. In general, the bronchial glands were merely white, or reddish; but now and then they were partially black. In one instance of an ass, only six months old, these glands were black from coaly matter; but the lungs were uniformly red. The animal had died of peripneumony. In no instance have I seen, in any brute creature, the lungs marbled and streaked with black lines as in the human. There is seldom an opportunity of inspecting horses which die from their natural age, viz. of thirty to forty years; for I am informed they mostly die or are killed in London before they are fifteen or sixteen years old. I have not seen coaly matter in the lungs or glands of the ox kind, sheep, and hogs. The black appearances produced by distended blood-vessels and by ecchymosis, should be recollected, to avoid the error of ascribing them to charcoal. The absence of this matter in human creatures, at the ages just mentioned, when animals

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are slaughtered or die, affords a proof, although not a decisive one, that the exemption is more reasonably ascribable to the circumstance of time, and living in the open air, than to the peculiarity of the economy of each species of live being. Consistently with this observation, in the instance of a cat, known to have lived in Mr. Thomas's family at least eighteen years, the bronchial glands were quite black from coaly matter, and the lungs were uniformly red; but in all other examinations of much younger cats, I found these glands either white or red.

The blackness of the lungs from charcoal remains, although hæmorrhage to occasion death has occurred. It is not removable by ablution, or maceration in water, nor by acids, nor alkalies, nor by the early stages of putrefaction. I have not met with a similar coaly substance in any parts of the animal economy except the lungs. The glands of the meso-colon are sometimes black, similarly to the bronchial; but the color soon disappears on immersion in nitric or muriatic acids, no charcoal being separable. The black, or more truly the dark brown tinging liquid of the sepia, I have ascertained by experiments, does not contain uncombined charcoal; this matter existing there only as a constituent ingredient of animal matter.

As I have represented, it is conceived that the coaly matter is very slowly absorbed by the mouths of the lymphatic vessels in the innumerable air tubes and cells.

To determine whether or not this matter exists in these lymphatic vessels, and is the occasion of the black maculæ, streaks, and areolæ, or marbled appearance of the surface of the lungs, I entreated Mr. Wharrie, of St. George's Hospital, whom I knew to be a skilful anatomist, to inject these vessels with quicksilver. In some trials, the injection passed without interruption, in the usual manner; but in others it was apparently obstructed, by meeting with the black lines on the surface. Mr. George Ewbank also, at my desire, very dexterously dissected out about one inch in length of one of these black lines, supposed to be a lymphatic vessel. Being put into a glass capsule, full of nitric acid, the black line immediately was contracted in all dimensions; but it retained its form after digestion, for several days, at a high temperature: afterwards, on gently shaking the capsule, the black line was broken into a number of indissoluble particles. In the interior of the lungs, it is not unusual to see black spots in the middle of tubercles, although these substances consist apparently of self-coagulated lymph probably secreted in the cellular substance, and therefore very likely to enve-

lope

lope the coaly matter in the air tubes by the coalescence of numerous minute tubercles.

It has been objected, that the nitric acid may develope the constituent or combined ingredient charcoal of all animal substances, and consequently no proof will be thereby afforded of this matter being extraneous; but on many trials, I have never by this means obtained charcoal from any animal mucilage.

I have no reason to believe, that any of the coaly matter under investigation is dissolved by this acid, for on distilling a pint measure of it from ten grains of the black powder of the bronchial glands, there was no sensible diminution of it, whether it was so treated before ignition, or subsequently: on evaporation to dryness, nitric acid, in which the coaly matter had been boiled, afforded no black sediment. Hence, I conceive that this menstruum may be employed to determine, more accurately and speedily, the proportion of the coaly matter, than any other agent. Sulphuric acid does dissolve a certain portion of this charcoal, affording a transparent liquid, even on dilution with water.—*Phil. Trans. Part II. for* 1813.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Vaccination.

MR. RIGBY, of Norwich, has printed an interesing Report of the Pauper Vaccination in that city, from August 10th, 1812, to August 12th, 1813. The plan which he suggested was, that each individual vaccinated should receive half-a-crown from the Court of Guardians of the Poor. The vaccination commenced immediately, and has been continued with the most important result to humanity. Two thousand three hundred and ninety-one individuals were vaccinated in the course of one year, between the 10th of August, 1812, and the 10th of August, 1813. Of these, 1508 have each received half-a-crown, offered by the Court of Guardians, amounting to the sum of 188l. 10s.

Since the introduction of vaccination, there has been no instance, in this country at least, where, in a place of the like population, so many poor persons have, within the same

period of time, received the benefit of this inestimable discovery; and certainly there has been no instance in England, in which so many have been vaccinated at so small an expence to the public. We wish this important fact may be generally known, that other places may profit by the example of Norwich, and adopt the same means for the diminution of human misery, and for the preservation of human life.

Report.—Having, with every friend to humanity, lamented the difficulty of extending the benefit of vaccination to the lower classes of society, which, for many years, have, in this country, been the principal sufferers from small-pox, and having found the exertions of individuals, and even the establishment of societies, one of which, a few years ago, was formed in this city, unavailing, sufficiently to interest the poor on this important subject, I considered it indispensable, in any attempt to effect an extensive pauper vaccination, to profit of the influence and authority of those bodies of men to whom, in most large cities, the law has peculiarly entrusted the care of the poor; and, at the same time, to endeavor to obtain the consent of the poor to such a measure, by holding out to them the additional inducement of a reward.

In this city the important duty of taking care of the poor rests with sixty citizens, called Guardians of the Poor, and who hold a monthly court; some of these are magistrates, and being myself, as a magistrate, a member of this court, I have several times urged it to take this subject into consideration.

In the beginning of August, 1812, having information that the small-pox had appeared in some neighbouring villages, I was induced to renew my earnest application to the court on the subject, and I succeeded in obtaining not only its sanction for a general gratuitous vaccination of the poor, but its concurrence in my proposal that each individual vaccinated should receive half-a-crown. This resolution of the court was publicly notified, and the three city surgeons were directed to vaccinate all poor persons, resident in the city, who should apply, whether they, parochially, belonged to it or not.

The vaccination commenced immediately, and the readiness with which the poor submitted to it is manifest, from 754 persons, principally children, having been vaccinated from the 10th of August to the 10th of September. It has been continued from that time to the present, with the exception only of the month of January, when all alarm respecting small-pox had subsided; and the result has been most important to humanity, 2391 individuals having, in consequence of this measure, had the benefit of vaccination, between the 10th of August, 1812, and the 10th of August, 1813; which is, probably, a greater number than, within the same period, have been vaccinated in any other place, in this country, of like population.

Of these 1508 have each received half-a-crown, the court having paid the sum of 188*l.* 10*s.* for this purpose.

As before observed, the vaccination was first had recourse to in

consequence of the near approach of the small-pox. The promptness with which it was undertaken, and the considerable numbers which were immediately vaccinated, seem effectually, at that time, to have prevented its spreading in the city, though a case of natural small-pox, traced from a neighbouring village, had occurred, and an additional source of infection had subsequently been introduced by variolous inoculation, for until the month of February not a single case of the disease existed, at which time 1415 had been vaccinated.

In the beginning of February a soldier's wife, who had passed through London, with three children, came into the city—her eldest boy was full of the small-pox, and the two other children were sickening with it, all of them having caught it in London. This unfortunate fact was soon made public, and the vaccination immediately again had recourse to; but the small-pox, on this occasion, soon found its way among the unvaccinated, and several children were sacrificed to it within a few weeks; for it had appeared, nearly at the same time, in a different part of the city, and it was ascertained to have been, also, brought thither by another unfortunate communication with the metropolis. The number of persons who had not profited of the vaccination in the preceding autumn, proved now to be greater than was expected; for calculating on the probable average number of annual births in the lower classes, and on the supposed numbers of individuals who had the small-pox in the years 1808 and 1809, I had estimated the number liable to the disease, in the beginning of August, 1812, not to have exceeded 1300.

Though many of the poor were daily vaccinated, more, indeed, than I still calculated to be liable to the small-pox, there was an unfortunate number who yet neglected the boon, and among these the disease has, from that time to the present, spread itself, and I regret to record that, from the 10th of February to the 3d of September, 65 deaths have occurred from it. How much greater the sacrifice of human life would have been, had not so extensive a vaccination taken place, may easily be conjectured—had those, who were vaccinated, been liable to take the infection, the deaths would, probably, have exceeded 400.

During this time, I am sorry to say, there were many instances of the grossest carelessness in the exposure of patients, in all stages of the disease, in the most public streets. It was also admitted into several public-houses, the resort of country persons, and thence communicated to some neighbouring villages. I failed, in an application to the acting magistrate, to take some steps to ascertain what public-houses were thus infected, and to guard strangers, liable to the disease, against entering them, as he conceived there was no law to countenance such an interference.

The vaccination, in the preceding autumn, having been so completely successful in preventing the spread of the small-pox, was unquestionably a most gratifying circumstance; but though during the subsequent vaccination, from February to August, the disease still made a fatal progress, the melancholy fact has afforded an irrefragable proof of the protecting power of vaccination: during this period

period probably not fewer than 400 individuals have had the small-pox; there has likewise been no intermission of the disease—it has been constantly spreading, and on many occasions, patients, as before observed, have been publicly exposed. Of the 2391 vaccinated during the year, it may be assumed, that at least 2000 have been resident in the city since February, and consequently equally exposed to an infectious atmosphere as the unvaccinated, and yet but one single instance, in that number, has occurred, in which the protecting influence of vaccination has been suspected, and this has been clearly ascertained to have been a case of premature vesicle, which suddenly rose, soon disappeared, and evidently produced no constitutional affection.* Whereas every unvaccinated person, thus exposed, has probably taken the disease, and I should fear, of those remaining at present uninfected, if not promptly vaccinated, that very few will escape.

From the intercourse between Norwich and the neighbouring villages, the small-pox was soon introduced into them, and has since spread into various parts of the country: it has also prevailed much, and been very fatal at Yarmouth, where few have been vaccinated; many of the local militia were infected there, and communicated it, on their return, to their respective villages. Its progress has also been much accelerated, and its diffusion promoted, by the unjustifiable, and much to be reprobated practice of variolous inoculation. I lament to say, that some professional men have allowed themselves to inoculate for small-pox; but it has been principally done by despicable empirics, itinerants, even shoe-makers, and old women; and in some instances, it has been ordered by ignorant overseers of parishes.

In such a disastrous state of the disease, spreading, as it is, at this time, through many populous districts, a general gratuitous vaccination of the poor cannot be too much urged. The signal success of the measure in Norwich has at once established its practicability, and shown that the means of effecting it are within the reach of every parish in the kingdom. That these means are not of difficult application is evident from its having been there carried through without the smallest agitation of the public mind—without any interruption

* This was a child of Mrs. Gostling, in Grant's Yard, St. John's of Madder Market; it had been vaccinated in April; I visited it on the 29th of July; there were many recent vestiges of distinct variolæ upon it. On examining the vaccinated arm, I could detect no cicatrix, and Mrs. Gostling, unasked, said she attributed the failure to the vesicle having risen sooner, subsided sooner, and having been less than those in her other three children, who were vaccinated at the same time, and who have all resisted the infection.

As a singular coincidence, I would observe, that about this time my friend Mr. Chandler, of St. Faith's, called upon me to say that he had just seen a patient under small-pox, who had been inoculated by him, for that disease, nine years ago, and then appeared to have had the genuine small-pox.

to public business—with even but little loss of time to the poor themselves—and comparatively with little professional inconvenience. And that it is not objectionable on account of the parochial expence incurred by it, is equally evident, from 2391 having been vaccinated at an expence to the city of only 188l. 10s., and against this must be placed the expence which would have accrued to the city, had even half that number taken the small-pox. The vaccination of eight in a family, each taking the reward, brings an expence of only 1l.; but should four only in a family sicken with this disease, an expence to the amount of several pounds would, probably, be incurred. The derangement of a poor family, by the introduction of small-pox, is of the most distressing kind; an immediate suspension of labour takes place; the time and attention of every one are directed to the poor sufferers; increased wants arise; the necessaries for the sick are of a more expensive kind; the means of supplying them cease; the wretched father can earn nothing, he has neither time nor ability to work—he is compelled to apply for parochial relief; and though parishes often give with too sparing a hand, on no occasions have parochial burdens been more severely felt, than when the small-pox has spread through a district.

It has been objected to this measure, that medical men cannot be expected always to vaccinate the poor without some remuneration. In all places of considerable population, the medical care of the poor is contracted for, at a fixed annual stipend; and though I fear, there are few instances of this kind, in which surgeons are paid with adequate liberality, yet when a parish, or a district, is taken, it becomes an object of economy and policy to vaccinate every pauper, rather than risk the expence, trouble, and I may certainly add, the anxiety of attending them under so horrid a disease. On this ground, I am persuaded, there is nothing to fear. There has been, comparatively, little reluctance shewn by medical men, to extend the great benefits of the Jennerian discovery; on the contrary, with few exceptions, much good sense has been evinced in their early appreciation of its high value, and much zeal and personal exertion have been used by them, to establish and extend its beneficial influence in society.

But still more effectually to prevent the future admission of small-pox, and to increase the probability of its ultimate extinction, an event which every friend of humanity will indulge in anticipating, more is unquestionably necessary. It has been ascertained, that small-pox inoculation is the great means by which the disease is kept in existence,* and that London, through its agency, is the great generating focus of variolous infection, whence, as in its late communication to Norwich, it radiates to every part of the empire. While this practice continues, it will be utterly impossible to extinguish small-pox, or to prevent the occasional alarm even of those who have been vaccinated. It is therefore indispensable to the interests of humanity, that the practice should cease; but it is pretty evident, while

* Report of the National Vaccine Establishment, 1813.

any

any pecuniary gain attaches to it, individuals will be found to practise it; and while any prejudices remain against vaccination, which it is their obvious interest to keep up and increase, there will be no difficulty in finding subjects to practise upon.

Under these circumstances there appears no resource but in legislation; and the accumulated mischiefs which have already resulted from the practice, together with its direct tendency to destroy life, by diffusing a pestilential and dangerous disease, will surely justify the passing a law, imposing a severe penalty on any one, directly or indirectly concerned in the act of variolous inoculation.

The greater number of those who are agents in this mischievous practice, are, I am persuaded, incapable of reasoning on the subject, and probably still less capable of any moral discussion; but those few of the profession, who continue it, assume, as a justification, the alleged insecurity of vaccination; and to establish such an opinion, are loud in their abuse of it, industrious in collecting cases of doubt or error in vaccination, some of which must necessarily occur in very great numbers, in magnifying supposed failures, and in laying them most conspicuously before the public in newspapers, &c.

Though most of these cases of imputed failure have been satisfactorily explained,* an unfavorable impression has, certainly, been made on the public mind, the progress of vaccination has been impeded, and what is to be lamented, doubts and alarms have been excited in the minds of those who have been vaccinated; on this account, I have no hesitation in saying, the opposers to vaccination have much to answer for. Admitting their adduced cases of failure to their utmost extent, vaccination would still be a blessing; it would be no reason for abandoning vaccination, but a powerful one for preventing the introduction of small-pox, and for increasing our efforts to exterminate it; and assuming it possible that the failures were even one in twenty, the means of effecting this important purpose would, obviously, be still increased in the proportion of nineteen to one. I will say further, and say it gravely, that, on a fair comparison of the two inoculations, no man of sound intellect, of correct moral feeling, and who does not prefer his individual interest to the general and more important interests of society, will hesitate to prefer vaccination to variolation. When no other means of lessening the fatality of small-pox than inoculation were known, the practice was justifiable; and had the security which individuals obtained from it, been extended to all classes of society, and no injury done to any, it would have been a general blessing. It is well known, however, that its benefits were ever limited to certain orders, and that the poor never having been inoculated to any extent, not only failed to profit of it, but the disease being constantly kept up by a never-ceasing partial inoculation of their richer neighbours, they were, more than ever, exposed to infection, and the average mortality from it, though almost exclusively confined to them, became even greater than before

* See Norfolk Chronicle, Sept. 4, 1813.

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the discovery of inoculation; population proportionately suffering. With vaccination this could not have been—the protection it gives is without alloy; with it, the security of one is not obtained by exposing others to danger: it is not an infectious disease.

Inoculated small-pox is attended with illness in its eruptive stage, sometimes with severe symptoms in every stage, and it has been calculated to have occasioned death in the proportion of 1 in 300.

A very few years ago, indeed, inoculated small-pox was much more fatal, in several parts of Norfolk—at Elmham, Holt, and Aylsham. In Aylsham, considerable numbers were inoculated, and the deaths were nearly 1 in 20.

The peculiar constitutional change induced by small-pox, by which scrofula has been so often elicited, is not confined to the natural disease; the inoculated small-pox, when severe, has the same prejudicial influence on the constitution, and this has been one of the popular objections to it. I have only one other observation to make—variolous inoculation does not, in every instance, prevent the future admission of the disease;—there are many well-attested cases of its recurrence.

Vaccination, on the contrary, through its whole progress, is attended with very little perceptible illness, there is no eruptive fever, there are no frightful convulsions in children, and as it does not in any degree disturb the system, it cannot be charged with exciting any latent morbid affection; it is wholly free from danger; and notwithstanding the magnified reports of the anti-vaccinists, the instances of its failing to secure against small-pox, are not more than those which have followed variolous inoculation.

From a report to the French government on the general state of vaccination, it appears that the proportion of failures in France has been only as 1 to 381,666.*

In all the reflecting and educated classes, there is little doubt of vaccination being generally adopted. But I am advocating the vaccination of the poor. With them, the means of information, on important subjects, are not very attainable; nor can they, for want of intellectual improvement, readily appreciate new discoveries, at all connected with science. On all subjects involving the happiness of the lower classes, much is expected, from the exerted influence of the higher and more educated classes;—and on this, it would seem their obvious duty, to give them information, to remove their doubts and prejudices, and to offer motives for their consent to a measure of such importance, not only to their individual welfare, but to the general interests of society. I lament to say, little disposition of this kind has shown itself; and from what I have observed, I fear it will be difficult to excite among the higher classes such an interest on this subject, as to induce, on their part, any extensive exertion on behalf of pauper vaccination.

The efficiency of a gift offered to the poor, has been unequivo-

* National Vaccine Establishment for 1813.

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cally proved in the late extensive pauper vaccination in Norwich, and there is little doubt but a similar measure would be equally successful in other places: but the truth must not be concealed, there appears no disposition to follow this example. Even in the immediate neighbourhood of Norwich it has not been adopted, nor has the experiment been attempted in any part of the county of Norfolk. I fear, therefore, that even this measure, which promises so effectually to establish vaccination among the poor, will not be generally, if at all, had recourse to, unless enjoined by legislative authority—and if considered as a parochial allowance, there would seem no more objection to parliament directing a reward, on the vaccination of the poor, to be paid in every parish in the empire, than there is in its directing a specific allowance to the wives and children of militia-men.

Under a conviction, therefore, that the destructive progress of the small-pox cannot be arrested, unless variolous inoculation be completely put down; and that no measure is so calculated to produce the general vaccination of the poor, (which seems equally necessary to the extinction of small-pox,) as the giving to each person vaccinated a small pecuniary reward; and being not less satisfied that neither of these measures can be carried into any extensive effect, without legislative interference, I trust the subject, important as it is in a moral, and in a national view, will, in due time, engage the attention of parliament.

Norwich, Sept. 6, 1813.

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Medical Histories and Reflections; Vol. IV. By JOHN FERRIAR, M.D. Senior Physician to the Manchester Infirmary, Dispensary, Lunatic Hospital and Asylum. 8vo. Lond. pp. 117.

IN the first volume of the Medical Histories and Reflections, published originally in 1792, Dr. Ferriar communicated the results of an extensive series of observations on the comparative efficacy of different hydragogues and diuretics, among which the supertartrate of potass appeared to him entitled to the first rank. In the second edition of the same work, in 1810, he repeated his conviction of the virtues of that remedy; but stated, that he had occasionally found great assistance from a combination of liquid diuretics, and that in hydrothorax the symptoms of effusion were more effectually

fectually relieved by Elaterium, given in small doses, than by any other medicine. A case of general dropsy, however, having occurred, in which other hydragogues afforded no relief, he had recourse to the elaterium, which acted so successfully, as to supersede the operation of tapping, which had been previously proposed, and, in a short time, to remove the swellings, and to restore the patient to a comfortable state of health. Encouraged by this success, Dr. Ferriar proceeded to make trial of the elaterium in other cases, giving it commonly in solution, as in the following formula:—

℞. Extract. Elaterii, gr. j.
Sp. Æther. Nitros. ʒij.
℞. Scill.
Oxymel. Colchic. āā ʒfs.
Syrup. Rhamni, ʒj. Misce.
ft. Solutio.—Capt. ʒj. ex aquæ pauxillo, ter quaterve indies.

Most of the instances, in which it was thus exhibited, were highly favorable to its efficacy, and our author thinks that in the above combination he has discovered "*a more certain hydragogue* than any which the faculty have hitherto been accustomed to employ;" conceiving that elaterium possesses "a complete power of removing simple effusion, where no organic disorder exists, and of at least alleviating the agonies arising from hydrothorax and ascites, even in the advanced stage of an incurable disease." We sincerely wish that this may prove the case; but we think it right to state, that during the short interval that has elapsed since the appearance of the volume now before us, we have had the opportunity of trying the elaterium in the manner recommended by Dr. Ferriar, in ascites, and in general dropsy; but from the unpleasant symptoms it occasioned, were soon obliged to abandon its use. Two of the cases, however, in which we employed it, were too far advanced to admit of much hope of recovery from any medicines; and in the third, the patient took a disgust to it from its first administration; so that our experience cannot by any means be put in competition with that of Dr. Ferriar; and we shall therefore suspend our opinion till further trials have enabled us to appreciate more accurately its powers. In the mean time, we submit to the consideration of our readers the following remarks of the author.

"I am aware of the readiness with which practitioners are induced to exaggerate the powers of a remedy, which has fulfilled their views, in situations of peculiar anxiety and interest; but I confess that the nearly uniform result which I have experienced from the exhibition of

of Elaterium, in hospital as well as in private practice, has impressed me with the highest opinion of its virtues. During the last three years, I have made it the leading ingredient in my practice, in this disorder; and though I have deemed it proper, for the benefit of my patients, to join active diuretics with it, yet I am persuaded that they would have proved inadequate to the favorable results of the cases, without the aid of this excellent hydragogue.

"Indeed I have been convinced, for several years, that modern practice has been much injured by an affectation of simplicity in prescription, in defiance of the experience of past ages; which has degenerated in some instances into inertness of composition, and in others into a thoughtless repetition of a few medicines, applied without discrimination in most cases. To prescribe, as Crashaw expresses it, "certain hard words, made into pills," is a wretched prostitution of a noble art. But this is very different from the powerful combinations which are to be found in the works of the older medical writers. The *farrago*, which was the standing jest of medical men, not many years ago, must contain unsuspected powers, or it would not have been employed by such physicians as Sydenham, Willis, or Hoffman. This appears to me a subject of great interest and curiosity, deserving the investigation of intelligent observers. I have found the combination of many liquid diuretics eminently useful; and I have been pursuing, for some years past, inquiries into the effect of a farrago of narcotics, from which I flatter myself that beneficial consequences have resulted, a view of which I may hereafter communicate to the public.

"It may appear to some persons a fanciful idea, but I have been led by my observations to suspect that there exists, in the relative effects of medicines, something similar to the harmony of colors and sounds; and that the impulse requisite to the living powers of the body, which cannot be produced by a single impression, may be effected by a concurrence or succession of impressions, in some measure dependent on each other.

"It appears, from some of the cases which I have mentioned, that even Elaterium suffers a diminution of its power, from repeated exhibition. In this event, the action of the kidnies may be again excited, by combining it with black Hellebore or Gamboge, and by giving the Syrupus Rhamni, with Oxymel of Colchicum, and a liquid preparation of Squill, at proper intervals.

"From my experience of the action of Elaterium, it appears to be particularly exerted in stimulating the absorbent vessels. If this fact should be confirmed by farther trials, it would lead to an extension of its employment, in diseases for which at present we can scarcely be said to possess any remedy. In all cases of preternatural changes in the growth and organization of parts, in the enlargement and induration of internal glands, in morbid accumulations of animal oil, and in the destructive process generated by hydatids, we might find some resource in this active stimulant. But this is advanced simply as a conjecture; for my experience does not, at present, warrant any hopes of so flattering a nature."

The second part of the present publication is occupied

with the detail of ten cases of Diabetes, in which Dr. Ferriar pursued his tonic plan of treatment, as described in the last edition of the preceding volumes, generally with the effect of diminishing the quantity of the urine, and its saccharine quality; and of restoring, at least for a time, the general health of the patient. On looking over the tables which he has furnished of the comparative quantities of the *ingesta* and *egesta* in some of the cases, we cannot say that the results have appeared to us altogether satisfactory; the diabetic fluid being but slowly diminished, and often rising in quantity above the drink, even towards the termination of the case. From the recent experience of Dr. Warren, we are inclined to think, that if Dr. Ferriar had administered the Opium more freely with the Cinchona and Uva Ursi, the effects would have been more marked. It is certainly, however, much in favor of his plan, that of the thirteen cases of which he has preserved minutes, ten have been cured, two much relieved. One of the patients, Winterbottom, whose case was given in the second edition of the Medical Histories, has now remained four years entirely free from diabetes.

To the history of these cases are subjoined some remarks on the theory of Diabetes, in which the author has "ventured," as he himself acknowledges, "on the dangerous ground of hypothesis." Being prepossessed in favor of no particular theory of this puzzling disease, we may reckon ourselves impartial judges of that now before us; and disposed, as we are, to treat with respect every thing which comes from the philosophic mind of Dr. Ferriar, we have no hesitation in affirming, that, by referring the symptoms of diabetes to a diseased action of the extreme vessels, in consequence of which "they form a substance which cannot be applied to renew the waste of the system, instead of supplying proper nutritious matter," we should explain little or nothing; as *the* CAUSE *of this diseased action* would still remain to be ascertained. In place of such hypothetical reasoning, which, in our present state of knowledge, is evidently premature, we should have more gladly received a detail of experiments on the state of the different secretions and excretions in diabetic patients, particularly those of the skin, lungs, and alimentary canal, which have been hitherto not at all, or at least very imperfectly, examined. Such experiments we know that Dr. Ferriar has ample opportunities of instituting; and he will agree with us, that it is only by such a mode of proceeding that we can ever legitimately arrive at the right explanation of the disease.

The volume concludes with a case of Scirrhus of the Pylorus, which is chiefly remarkable as exhibiting a strongly marked example of this incurable complaint.

MEDICAL TRANSACTIONS, *published by the* COLLEGE *of* PHYSICIANS *in* LONDON. Vol. IV. pp. 415.—Longman and Co. 1813.

(*Continued from p.* 79.)

In resuming our analysis of this valuable work, we shall pursue our plan of extracting as much of those papers which afford the most interest, as the limits of our Journal will admit of.

VI. *Of a peculiar Affection of the Eyes, with Observations.* By W. HEBERDEN, M.D. F.R.S.

"In the month of July, 1806, a lady of advanced age went from London to the eastern coast of Kent, where she lodged in a house looking immediately upon the sea, and of course very much exposed to the glare of the morning sun. The curtains of the bed in which she slept, and also of the windows, were of white linen, which made her apartment very light. When she had been there about ten days, she observed one evening, at the time of sun-set, that first the fringes of the clouds appeared red, and soon after the same color was diffused over all the objects round her. It was particularly conspicuous when she regarded any thing white, as a sheet of paper, a pack of cards, or a lady's gown. This lasted the whole night. The next morning her sight was perfectly restored. But as the evening advanced, the same appearance came on again; and it continued to do so regularly every evening, as long as she remained at that place, which was three weeks from the commencement of her complaint; the natural vision always returning in the morning. Six days after she had left the coast, I saw her in London, still subject to the same affection; and she has since informed me that it persevered a fortnight longer, and then of its own accord ceased suddenly and entirely. While it was upon her, the sight seemed to be no otherwise impaired than by the degree of indistinctness necessarily produced by this unnatural color, which overspread all her view.

"There seems great reason to suppose that this lady's complaint was brought on by her being exposed to an unusual glare of light. Previous to this she had been harassed by a cold and cough, which had hung upon her longer than usual, but she had suffered no disorder in her eyes."

VII. *Some Observations on the Scurvy.* By W. HEBERDEN, M.D. F.R.S.

Although this paper displays much research and minute observation, we shall not detain our readers with an account of it, as the disease to which it relates is now rarely seen in this country; and practitioners in the navy would probably

disdain the remarks of a landsman, however excellent, upon a disease of which he had only met with a few instances during many years practice in an hospital.

VIII. *Observations on the internal use of Nitrate of Silver, in certain convulsive Affections.* By RICHARD POWELL, M.D.

This paper commences with a sort of historical account of the use of argentum nitratum as a medicine, which, of course, can contain nothing new. The author has given it in the form of a pill to the extent of fifteen grains for a dose. He has adduced some cases which will illustrate its effect, as well as the nature of the diseases in which benefit may be expected from its use.

"E. H., a girl of eleven years of age, had a permanent contraction of the flexor muscles of the right arm, by which the hand was drawn to the shoulder. This local affection was not attended by any general derangement of the constitution, and she was admitted into the hospital, December 3d, 1801. Slight electric shocks were first passed along the course of the contracted muscles, by which they were speedily relaxed: but a similar affection of the left leg immediately succeeded. This also yielded to the same application, when the right leg became in turn similarly diseased; and on passing the shocks along it in like manner, an affection of the head with general convulsion and stupor came on, which lasted for about ten minutes; and on her recovery therefrom, the leg alone remained contracted. Subsequent repetitions of the electricity produced the same series of effects more than once; but as the hazardous affection of the brain occurred in every trial, and nothing but a change of situation was gained by it, the practice was not persevered in. She took without effect sulphate of zinc, precipitated green oxyd of iron, with myrrh, camphor, opium, oil of amber, and animal oil, and used the warm bath and other local applications. Nitrate of silver was lastly given in pills, first of half a grain, then of a grain, three, four, and six times in the day, and from this alone did she receive any benefit. In about three weeks she was perfectly free from contraction; but on quitting the hospital, and discontinuing the medicine, the disease again recurred, and again yielded to the same remedy, which was then however longer continued: and when I last saw her, she had remained well for three months. The medicine produced no immediate or sensible effect, but her power of extending the arm gradually increased.

"R. N., aged eleven years, a boy of uncommon mental powers, but of a vicious uncontrolable disposition, was affected

fected with chorea, and had long been under the care of my friend Mr. Anderson. He had taken antispasmodics and metallic tonics, and latterly also arsenic, without effect; when Mr. Anderson, with this information, wished me to try what could be done for him under the restraint and superintendance of the hospital. I admitted him in February 1806, in the hope that purgative medicines would succeed, and gave him ten grains of the pulvis scammonii cum camelolane, which I repeated every third day with a considerable purgative effect, which was kept up during the intervals by a solution of a drachm and a half of magnesia vitriolata every six hours. He was thus actively purged; but after ten days' trial, all the symptoms were aggravated, and I did not think farther perseverance justifiable. Metallic tonics had been judiciously given; I had next therefore recourse to digitalis, in doses of half a grain every six hours, and afterwards to half a grain of opium, at the same intervals. The cold bath was also tried; but every immersion increased the convulsive motions, and the boy grew rapidly worse, until at last the convulsions had become constant even during sleep, and if he was noticed, he could with difficulty be confined to his bed. I directed the argentum nitratum, which had not hitherto been given, in doses of a grain every four hours, and within a week some ground appeared to have been gained. It was therefore increased by gradual additions of half a grain, until he took three grains every four hours, from which quantity the beneficial effect was so clear that I increased it no farther, and in six weeks from the commencement of its use, he was dismissed cured. I find from subsequent inquiry, that there was no return of the complaint. The medicine was given in solution, and the last increase of it in this form produced slight sickness the first day it was taken, but no other sensible effect followed, although the quantity amounted to eighteen grains in twenty-four hours.

"W. B., a boy of fourteen years of age, had previously been my out-patient with this complaint, and had received no benefit from the usual remedies or from active purgatives. I therefore admitted him into the house on August 14, 1806, for the purpose of a regulated trial of argentum nitratum. I began with half a grain every four hours, and increased the dose gradually until September 16, when he took four grains in solution every four hours. Amendment was visible within a fortnight; but the last increase of dose having occasioned some sickness and pain at the stomach, I diminished it to three grains, in which he persevered without inconvenience. I have no statement respecting any effect upon his bowels, but he remained in the house till the end of October,

ber, 1806, on account of an injury to his knee which required the care of the surgeon, and he continued the use of the medicine the whole of that time.

"S. S., aged fifteen, a girl of irritable mind, and who had not hitherto menstruated, had been attacked three weeks before her admission with convulsions on the left side only, which she believed to have originated from sudden fright. The disease was growing worse, and on January 8, 1807, was very violent. I gave her an active dose of calomel and jalap, which procured four purgative motions without any particular appearance. She then began the use of argentum nitratum in solution, first in the dose of one grain every four hours, and on February 4, four grains at the same intervals. Until the last increase of dose she had only one motion daily, after it she had two, for two successive days, but the convulsions had gradually abated; and on February 9, I considered her as free from complaint. She remained, however, under the use of the same medicine for a fortnight longer."

IX. *On the Mortality of London.* By WILLIAM HEBERDEN, M.D. F.R.S.

From this paper it appears, that during the last fifty years the healthiness of this metropolis has materially improved. Since the year 1800, the christenings exceed the burials in the proportion of 13 to 12; and by accurate calculations, London now ranks among the most healthy of large towns. This diminished mortality is attributed by the learned author to the widening of the streets, the removal of nuisances, the opening of confined quarters, the erection of public squares, the construction of better drains, and the universal diffusion of water pipes.

X. *Some Observations on Phthisis Pulmonalis.* By EDWARD ROBERTS, M.D. F.R.S.

XI. *Observations upon the comparative Prevalence of Insanity, at different Periods.* By RICHARD POWELL, M.D.

The subject of this paper is important, and the author, from his official situation as secretary to the commissioners for licensing and regulating houses for the reception of lunatics, is possessed of ample means for pursuing the inquiry. The length of the article, however, precludes us from giving the whole of it, and it cannot be abridged with advantage.

XII. *Case of Superfœtation, communicated by* WILLIAM GEORGE MATON, M.D. F.R.S.

"Mrs. T. (an Italian lady) was delivered of two male children, at Palermo, on the 2d of June 1806; one of these children

children lived about two years, and the other three years, and are supposed to have died more from want of care than from any other cause.

"On the 12th of November 1807, she had another male child, who was brought forth under circumstances very distressing to the parents, being dropt on a bundle of straw, at midnight, in an uninhabited room. Though this infant had every appearance of health at the time of his birth, he lived about nine days only.

"But the occurrence which forms the more immediate object of this paper is now to be related. On the 2d of February 1808, (not quite three calendar months from the preceding *accouchement*,) Mrs. T. was delivered of another male infant, completely formed, and apparently in perfect health. He was sent away to be nursed, but the nurse's milk being deficient, he was removed soon afterwards to another foster-mother. When about three months old, however, he fell a victim to the measles, and died. From November 1807, to February 1808, Mrs. T. had not left Palermo, except on short excursions in her own carriage; and Mr. T. the lady's husband, (who is in the commissariat department of the British army,) has been constantly with his wife since the year 1805. The prolific character of Mrs. T.'s constitution is, perhaps, almost unprecedented; for, on the 23d of November 1808, she again had twins (males) who are both alive, and in good health, at Palermo. On the 9th of June 1809, Mrs. T. miscarried, on-board of the ship which brought her to England, and which was preparing to engage some cruisers. She is pregnant at this period.

"I learn that Mrs. T. is of so robust a habit, that she pays scarcely any attention to her health. She was carried from the room where she was delivered of the child, in February 1808, to her own apartment, in the arms of her husband, and in two or three days afterwards walked about the house.

"In a certificate which Mr. T. was so obliging as to send to me, he solemnly pledges his word to the correctness of the above statement, except so far as relates to the *precise* time which the several children lived, and which may have been a few days longer, or shorter, than the periods which have been mentioned. The circumstances were first made known to me by Mr. James Thomson, surgeon, of Tavistock-place, Russell-square, who had the goodness to acquaint his friend, the husband of the lady, with my wish to communicate them to the Royal College of Physicians. That there might be no mistake, the latter gentleman then committed them to paper, attested by his signature, which he politely put into my possession.

"I shall

"I shall not attempt to connect the case which I have described, with any opinions respecting the process of generation, but content myself with opposing it to the scepticism of some modern physiologists, who appear to me to discountenance all belief in the occurrence of superfœtation, more from partiality to a favorite hypothesis, than from any clear notions, as yet established, of the mode in which impregnation takes place.

"The case of superfœtation related by Harvey (*de partu Exercit.* p. 547), with regard to the time that intervened between the two births, is the same as Mrs. T.'s."

XIII. *A Case of Tetanus arising from a Wound, in which the Affusion of cold Water was successfully employed.* By GEORGE GILBERT CURREY, M.D.

This is a valuable case, and clearly demonstrates the power of cold water in subduing a violent and dangerous disease.

XIV. *Sequel to the Paper on Tetanus.* By J. LATHAM, M.D. F.R.S.

A man intent on serving the public, will rather incur the charge of doing too much than too little: our high respect for the president of so learned a body as the College of Physicians, compels us to wish that he had not published this paper. The object of it is to establish an unnatural analogy between Hydrophobia and Tetanus, and to recommend "the Eau Medicinale d'Husson" in the former malady, because it has been said to diminish painful and inordinate action in Gout. But if this precious nostrum cannot readily be obtained, Dr. Latham thinks that the "Vinum Veratri," as prepared at Apothecaries' Hall, "would probably be no less efficacious!"

XV. *Case by* Mr. BLAGDON, *Surgeon, at Petworth. Communicated by* W. SAUNDERS, M.D. F.R.S.

This is the case of an old lady, who, after hepatitis, had an abscess in the liver, and afterwards discharged some gall-stones, the appearance of which is described in a colored plate.

XVI. *Two Cases of Diabetes Mellitus, treated with Opium.* By PELHAM WARREN, M.D. F.R.S.

These are two clear and well marked cases of Diabetes, in which animal diet and opium evidently had a beneficial tendency in effecting the cure. We have not space sufficient to insert these cases, but the following Tables will show the doses of the medicines employed, and the state of the urine during their use.

"CASE

" CASE OF JOHN TRANTER.

Table of the progressive state of the Urine and Drink, measured by Pints, and of the Opium administered.

1812.		Quantities for No. of Days.				Greatest and least quantities per diem.						Opium and other Medicines.	State of Urine.	Diet.
		Urine.		Drink		Urine.			Drink.					
Date.	No. of Days.	Total Amount.	Aver. Amount.	Total Amount.	Aver. Amount.	Maximum.	Minimum.	Medium.	Maximum.	Minimum.	Medium.			
Feb. 12	1	14	—	8	—	—	—	—	—	—	—	Pulv. Ipec. C. ℈j. o.n	Sweet.	Animal Food.
14	—	—	—	—	—	—	—	—	—	—	—	Cuc Cr. ad ℥vj. Em. lyttæ lumbis & pulv. Ipec. C. ℈j bis die.		
19	6	69	11½	38	6½	15	10	12½	9	5	7	Pulv. Ipec. C. ℥ss bis		
25	9	94	10⅔	39	4⅓	12	9	10½	5	4	4½	——— ℈j		
Mar. 2	—	—	—	—	—	—	—	—	—	—	—	——— ℈iiss.		
6	7	59	8⅜	32	4⅝	10	8	9	5	4	4½	——— ℥j		
10	—	—	—	—	—	—	—	—	—	—	—			
13	7	54	7⅝	47	6⅝	9	6	7½	8	4	6	——— ℥j semel	Not sweet.	
15	—	—	—	—	—	—	—	—	—	—	—			
16	—	—	—	—	—	—	—	—	—	—	—	——— ℈ij bis		
20	7	45	6⅜	52	7⅜	7	6	6½	9	5	7	℞ Kino ℈j Opii gr. iv	Sweet.	
24	—	—	—	—	—	—	—	—	—	—	—	——— gr. v		
27	7	64	9⅛	68	9⅝	10	7	8½	10	8	9	——— gr. vj		
April 3	7	52	8⅜	62	8⅞	9	7	8	10	8	9	———		
6	—	—	—	—	—	—	—	—	—	—	—	Omittantur Kino & Opium donec alvus soluta fuerit		
10	7	52	7⅜	63	9	10	6	8	11	8	9½	———		
13	—	—	—	—	—	—	—	—	—	—	—	℞ Kino ℈j Opii gr. viss		
17	7	49	7	61	8⅞	9	6	7½	10	7	8½	———	Not sweet.	
18	—	—	—	—	—	—	—	—	—	—	—	Haust. emeticus.		
20	—	—	—	—	—	—	—	—	—	—	—	Haust. purg. hodie & cras.		
24	6	34	5⅔	39	6½	7	4	5½	7	5	6	Omittantur Opium & Kino. Haust. purg.		
27	—	—	—	—	—	—	—	—	—	—	—	Resumantur Opium & Kino.		
May 1	7	29	4⅛	35	5	5	4	4½	6	4	5	Magnes. ℈i cum sing. dos. Kino & Opium.		Animal and Vegetable Food.
8	7	24	3⅜	29	4⅛	4	3	3½	5	4	4½	Omittantur Opium & Kino. P. in usu Magnesiæ. Haust purgans.		
15	7	25	3⅝	34	4⅞	4	3	3½	6	4	5	———		
22	7	25	3⅝	34	4⅞	4	3	3½	5	3	4	Magn. Sulp. ℥j. Opii gr. ij bis die.	Not Sweet sweet.	
25	—	—	—	—	—	—	—	—	—	—	—	———		
26	—	—	—	—	—	—	—	—	—	—	—	———		
29	7	23	3⅔	29	4⅛	4	3	3½	5	3	4	———		
June 5	6	18	3	24	4	3	3	3	4	4	4	———		

"TABLE II.—CASE OF THOMAS ANDREWES.

Table of the progressive state of the Urine and Drink, measured by Pints, and of the Opium administered.

1812. Date.	No. of Days.	Quantities for No. of Days. Urine Total Amount.	Urine Aver. Amount	Drink Total Amount.	Drink Aver. Amount.	Greater and least quantities per diem. Urine. Maximum.	Urine. Minimum.	Urine. Medium.	Drink. Maximum.	Drink. Minimum.	Drink. Medium.	Opium and other Medicines.	State of Urine.	Diet.
June 22	1	8	—	6	—	—	—	—	—	—	—	Opii gr. ij o. n.	Sweet.	Animal and Vegetable Food.
26	—	—	—	—	—	—	—	—	—	—	—	bis die		
29	7	55	7⅞	41	5⅞	8	7	7½	6	3	5½	gr. iiss		
July 1	—	—	—	—	—	—	—	—	—	—	—	gr. iij		
6	7	41	5⅞	39	5⅝	7	5	6	6	5	5½	gr. iv		
10	—	—	—	—	—	—	—	—	—	—	—	gr. ivss		
13	7	36	5⅛	36	5⅛	6	5	5½	6	5	5½	gr. v		
17	—	—	—	—	—	—	—	—	—	—	—	Nihil		
20	7	55	7⅞	55	7⅞	8	7	7½	8	7	7½			
24	—	—	—	—	—	—	—	—	—	—	—	V. S. ad ℥viij.		
27	7	55	7⅞	50	7⅛	8	7	7½	8	6	7	Opii gr. iij bis die		
31	—	—	—	—	—	—	—	—	—	—	—	gr. iv		
Aug. 3	7	45	6⅜	45	6⅜	7	6	6½	7	6	6½			
7	—	—	—	—	—	—	—	—	—	—	—	Empl. lyttæ Epigastrio V. S. ad ℥viij Haust. cetacei cum oxym. scillæ ℥i ter		
10	7	51	7⅜	52	7⅜	8	6	7	8	6	7			
14	—	—	—	—	—	—	—	—	—	—	—			
17	7	40	5⅝	36	5⅛	7	4	5½	6	4	5	Omitt. Haust. cetacei, &c.	Not sweet.	Animal Food.
24	7	32	4⅝	32	4⅝	5	4	4½	5	4	4½			
31	7	36	5⅛	34	4⅞	6	5	5½	5	4	4½	gr. v		
Sept. 3	—	—	—	—	—	—	—	—	—	—	—	ter		
7	7	36	5⅛	35	5	6	5	5½	5	5	5			
14	7	31	4⅜	35	5	5	4	4½	6	4	5	quater		
19	—	—	—	—	—	—	—	—	—	—	—			
21	7	34	4⅞	34	4⅞	6	4	5	5	4	5	bis	Sweet.	Animal & Vegetable Food.
28	7	42	6	35	5	6	6	6	6	4	5			
Oct. 5	7	31	4⅜	39	5⅝	5	4	4½	5	4	4½	℞ Pil. e micâ panis		Animal Food.
12	7	41	5⅞	47	6¾	7	5	6	7	5	6			
19	7	37	5⅜	39	5⅝	6	4	5	6	5	5½	Opii gr. v ter die		
20	7	32	4⅝	34	4⅞	5	4	4½	5	4	4½			
21	—	—	—	—	—	—	—	—	—	—	—	quater die		

CASE

CASE OF THOMAS ANDREWES CONTINUED.

1812. Date.	No. of Days.	Quantities for No. of Days. Urine. Total Amount.	Urine. Aver. Amount.	Drink. Total Amount.	Drink. Aver. Amount.	Greater and least quantities per diem. Urine. Maximum.	Urine. Minimum.	Urine. Medium.	Drink. Maximum.	Drink. Minimum.	Drink. Medium.	Opium and other Medicines.	State of Urine.	Diet.
Nov. 2	7	33	4 4/7	35	5	5	4	4 1/2	5	5	5	Opii gr. vj	Not sweet.	Animal Food.
9	7	31	4 4/7	34	4 6/7	5	4	4 1/2	6	4	5	gr. viij		
11														
13												gr. ix		
16	7	33	4 4/7	35	5	5	4	4 1/2	6	4	5	gr. x		
23	7	23	3 2/7	26	3 5/7	4	2	3		3	4			
30	7	26	3 5/7	32	4 4/7	4 1/2	2 1/2	3 1/2	5	3 1/2	4 1/2	V. S. ad ℥viij		
Dec. 2												ter		
3												bis		
4												gr. viiij		
7	7	28	4	31	4 3/7	5	3	4	5	4	4 1/2	gr. v		
9												gr. iiss		
14	7	36	5 1/7	30	4 2/7	6	5	5 1/2	5	4	4 1/2	gr. iv	Not sweet. Sweet.	Animal and Vegetable Food.
18												gr. v		
21	7	33	4 5/7	33	4 5/7	5	4	4 1/2	6	5	5 1/2	gr. vj		
28	7	25	3 4/7	30	4 2/7	4	3	3 1/2	5	4	4 1/2	℞ Pulv. Cinchon ℥j Pulv. Arom. gr. v		
Jan. 4	7	28	4	32	4 4/7	5	4	4 1/2	6	4	5	Omittr. Opium		
6												Opii gr. vi semel		
11	7	28	4	32	4 4/7	6	3	4 1/2	5	3	4			

The patient Andrewes soon afterwards died of a pulmonary complaint, which had affected him during the course of the diabetic disorders, and afforded Dr. Warren the opportunity of observing the appearances after death, which are thus detailed in an appendix.

"The body was examined twenty-four hours after death, when the following appearances were observed. The heart was small and flaccid, the pericardium did not contain any water. The right lung looked healthy externally and was free from adhesions, but, on cutting into its substance, was found to contain tubercles in an incipient state. The left lung adhered so strongly to the pleura costalis that it was with difficulty detached. On being removed from the body, the whole substance of it appeared to be diseased, and divided into cells of different dimensions, containing matter. The cavity of the chest did not contain any water. The liver was in a natural state. The spleen was sound, and of

its usual size. The blood-vessels which pass from the spleen to the liver were of the usual dimensions. A portion of the greater curvature of the stomach, immediately below the entrance of the œsophagus, exhibited some patches of superficial inflammation, and at the small end of the stomach extending a little way into the pylorus, there was a similar appearance. The intermediate portion of the stomach was perfectly natural. Upon various parts of the cellular membrane of the abdomen, a gelatinous substance was thrown out, resembling the jelly which is sometimes found between the membranes of the brain.

"The following description of the state of the kidneys was drawn up by Mr. Brodie, the assistant surgeon of St. George's Hospital, by whom their structure was minutely examined.

"On examining the kidneys, with reference to the usual appearance of these organs in a healthy state, both of them were found to be of an unusually firm and grisly texture. The cellular membrane surrounding the pelvis and infundibula was loaded with serum, and portions of lymph were diffused through it, bearing the appearance of jelly, and resembling that which had been observed in various parts of the cellular membrane of the abdomen. In order to ascertain the state of the blood-vessels, one of the kidneys was injected with size and vermillion previously to examination, the other was examined in its natural state. On cutting into the substance of the injected kidney, the cortical part appeared unusually red, and the cryptæ were seen more numerous, larger, and more distinct, than I had ever observed them, even under circumstances of the most fortunate injection. The blood-vessels of the cortical substance of the kidney which had not been injected, were unusually turgid. The ureters, the emulgent artery and vein were of the natural dimensions. The renal capsules were firmer and harder in their texture than natural, and seemed to partake of the grisly structure of the kidneys; in other respects they were not diseased. The bladder was sound."

XVII. *Case of Inflammation, and subsequent Mortification, of the Adipose Membrane surrounding both Kidneys; with the Appearances on Dissection.* By THOMAS TURNER, M.D.

"A married lady, in the thirtieth year of her age, rather under the middle stature, and very corpulent, on Saturday, the 21st of June, 1806, rode on horseback for several hours, by which she was very much heated and fatigued. She sat, for some time afterwards, in a room with the windows and door open, but was not sensible of any inconvenience from it. She

She passed the rest of the day as usual, and at supper eat heartily of lobster, although it generally disagreed with her stomach, and made her ill. On retiring to her bed-room, she felt sick, and vomited: she also complained of much pain in her bowels. These symptoms were attributed to her having eaten the lobster. An emetic was administered by the advice of the family apothecary, and on the following morning a purgative draught, which, not operating as soon as might be expected, was repeated, and then produced plentiful evacuations from the bowels. In the evening, she said she felt quite relieved, and had no complaint to make, except that her hands and feet were colder than usual. She was advised to go early to bed, and to take something warm: no doubt was entertained that she would be quite well again on the next day. In the night, however, she experienced considerable pain in her back and loins, which she thought was greatly relieved by having them rubbed for some time. She became, however, very restless, and about five o'clock on Monday morning, her restlessness and anxiety had increased to such a degree, that her husband began to be alarmed. He sent accordingly for the apothecary, who came in about an hour afterwards. By this time, her extremities had become quite cold, and no pulsation could be perceived at the wrist. On his expressing apprehension of immediate danger I was sent to; but as the patient lived at some distance from London, I did not see her till between one and two o'clock in the afternoon. I then learned, that she had taken some hot brandy and water, with a few drops of tincture of opium, which appeared to have revived her, so that her friends thought her better than she had been in the morning. Her anxiety, however, was extreme, and her breathing occasionally very much oppressed: her feet, legs, hands, and arms, were quite cold; not the slightest pulsation could be distinguished in the radial artery; her countenance was livid, and her features drawn up; her mental faculties, however, were unimpaired. She said she was quite free from pain: she complained of no uneasiness when I pressed her abdomen with my hand, neither could I perceive any unusual tension or hardness. She assured me she had experienced neither pain nor difficulty in making water, neither was she aware of its having been less copious than common. She gradually sunk till about four o'clock, when she expired.

"I obtained leave to examine the body, two days after her death, and the following appearances were observed in the dissection.

"Rather more than the usual quantity of fluid was found in

in the cavity of the thorax: all the viscera contained in it were perfectly sound and natural.

"In the abdomen, slight marks of inflammation were perceived on the peritonæal coat of the stomach, on that part of its greater curvature which adjoins the spleen and arch of the colon.

"The part of the colon which lies immediately over the left kidney was much inflamed.

"The liver was in a perfectly natural state, except that it had one very small tubercle in the anterior part of its right lobe.

"The gall-bladder contained five rather large biliary concretions.

"The pancreas was inflamed through its whole substance, and a considerable portion of its left extremity was in a state of mortification.

"The whole of the adipose substance surrounding both kidneys, was in a gangrenous state, exhibiting a large mass of black pulpy matter. The capsules of both kidneys were inflamed, and that of the right kidney partly mortified: slight traces of inflammation were also found in the internal structure of both kidneys.

"All the other viscera were in a natural state.

"We may remark, that, through the whole course of this disease, the urine was secreted in proper quantity and appearance; that there was no pain felt in the ureters, nor any irritation in the urinary bladder; that the nausea, and pain in the bowels, were speedily relieved by the medicines that were given for that purpose; and, moreover, that the symptoms of general inflammation must have been very slight, as they eluded the observation of the very respectable medical practitioner, who visited the patient frequently, during the progress of the complaint. We may therefore fairly infer, that the inflammation did not commence in the kidneys; neither have we any reason to suppose that it originated in the pancreas or colon: on the contrary, the whole of the adipose membrane surrounding the kidneys, 'which, in this lady, was loaded with a much larger quantity of fat than is usually met with,' being found in a gangrenous state, there can be little doubt that this was the part first attacked with inflammation; that mortification rapidly ensued, and that then the kidneys, pancreas, and colon, were involved in the disease, from their continuity to this mass of sphacelated fat.

"Long continued riding on horseback, is mentioned as one of the exciting causes of nephritis, by most writers on the subject; and was most probably the exciting cause of this disease, which, in the view I have taken of it, has not hitherto

hitherto been noticed by any medical author whom I have consulted. The ambiguous nature of its symptoms, its rapid progress, and fatal termination, will entitle it to be ranked among the most formidable of the internal inflammations."

XVIII. *Of Head-achs, which arise from a defective Action of the digestive Organs.* By PELHAM WARREN, M.D. F.R.S.

This paper, occupying nearly forty pages, displays much knowledge upon the subject of which it treats. The symptoms are well described and accurately discriminated, and the treatment recommended is judicious, and doubtless the result of considerable experience.

XIX. *Upon a strong Pulsation of the Aorta, in the Epigastric Region.* By MATTHEW BAILLIE, M.D. F.R.S.

"It has frequently occurred to me to have been consulted, within the last fifteen years, respecting a pulsation which is distinctly to be felt in the epigastric region. When the patient first discovers this pulsation, he is generally greatly alarmed at it; and has seldom found much comfort from the opinion which has been given him by his medical attendant concerning its nature. From a good deal of experience upon this subject, I am enabled to say, that the increased pulsation of the aorta in the epigastric region very rarely depends upon any disease of the aorta itself, or of its large branches in that place; and that this occurrence is almost constantly of very little importance. In the whole course of my medical experience, I recollect but one instance in which this pulsation depended upon an aneurismal swelling of the artery.

"This symptom, or complaint, is more apt to take place at the middle period of life than at any other; but I have known one or two instances of it in persons about the age of thirty. It occurs both in men and women, but more commonly in the former than in the latter. In one individual the pulsation is much more strongly marked than in another; and in the same individual it varies a good deal in its strength at different times. In some instances the pulsation is more strongly to be felt in the evening than in the forenoon. It is generally more distinctly to be felt when the patient is in the horizontal posture; and sometimes the pulsation is so strong as to be visible to the eye, even at some distance, when the surface of the epigastric region is exposed to view. In some instances, the boundary of the artery, while it pulsates, can be very distinctly felt, and it may even occasionally be traced nearly as low as the navel. I do not recollect that there is any peculiarity in the pulse of persons

persons affected with this complaint. It is commonly neither intermittent, nor remarkable either for frequency, strength, or weakness. I have had two opportunities of examining the state of the arteries in the epigastric region, after death, in persons who had this pulsation very strongly marked, and who had died from other diseases. The one person died from an ulcer in the stomach; and the other from a very long typhus fever, where the stomach was sound. In both cases the aorta itself, the branches of the cœliac artery, and the superior mesenteric artery, were perfectly free from all appearance of diseased structure. The arterial system, in these two cases, was not more extensively examined; but there was no reason to believe that any part of it was diseased.

"It is, perhaps, difficult to ascertain, in many instances, the causes of this increased pulsation of the aorta in the epigastric region; but in most cases it will be found to be connected with an imperfect digestion, and an irritable constitution. When it has once taken place, it seldom, I believe, subsides entirely, although it will vary in its degree at different times. It produces, however, not much inconvenience, more especially where the mind has ceased being anxious about it; and a person may continue to live with this symptom, or complaint, just as long as if it did not exist. Some years ago I was consulted by an old man concerning a slight paralytic affection; and when the conversation respecting that part of his complaints was finished, he spoke to me about a pulsation in the epigastric region. It was most distinctly to be felt; and he told me, that on account of this pulsation he had consulted Sir Cæsar Hawkins, Mr. Bromfield, and Dr. Hunter, about twenty-five years before the time of his consulting me. Sir Cæsar Hawkins and Mr. Bromfield, he said, told him that it was an aneurism of the aorta; and Dr. Hunter told him that he did not know what it was. Dr. Hunter saw enough of peculiarity in this case to make him doubt, but not enough to enable him to decide that there was no disease in the aorta.

"This case shows that a person may continue to live for many years with a strong pulsation of the aorta in the epigastric region; and, from the appearance of the patient, his general health seemed to have been very little impaired by it.

"It would be a matter of considerable importance, if we could at all times certainly distinguish between the pulsation of the aorta about which we are now treating, and that which is occasioned by an aneurism of the aorta in the epigastric region. This, however, will in some instances be

hardly possible, more especially in the early periods of aneurism. When the boundaries of the artery can be felt distinctly, and the artery can be ascertained to be of the usual size, it is clear that, notwithstanding the force of the pulsation, the disease is not aneurism. When a round circumscribed tumor pulsates against the fingers applied to the epigastric region, there can then be little doubt that the disease is aneurism either of the aorta or of the cœliac artery. When the pulsation has continued for several years without the health being materially impaired, even if the boundaries of the artery should not be distinctly felt, yet there is the strongest reason to believe that the pulsation of the artery does not depend upon an aneurismal swelling in it.

"I am not acquainted with any means of curing this symptom, or complaint. Whatever improves the digestion, and renders the constitution less irritable, will be of use in mitigating the increased pulsation; and, above all other circumstances, it is useful to remove the patient's anxiety on the subject, when it can fairly be done.

"I have thought it of some importance to communicate, through the Transactions of the College, my experience respecting this complaint, as it may tend, in many instances, to relieve the anxiety of the patient, and even sometimes of his medical attendant. It may likewise, in time, lead to a successful treatment of the disease, with which the increased pulsation of the aorta in the epigastric region is connected."

XX. *Observations on certain Symptoms, usually, but not always, denoting Angina Pectoris.* By J. LATHAM, M.D. F.R.S.

In this paper we have some valuable practical observations, proving that enlargement and disease of the liver, occasionally give rise to symptoms that have been mistaken for those of angina pectoris, and other affections of the thoracic viscera, even by very eminent physicians. Dr. Latham has related two cases in support of his remarks; and as they are curious and not long, we shall insert them.

"The first was that of a clergyman of the University of Oxford, and Fellow of Merton College, who had frequently labored under angina pectoris, and had as often been relieved: the symptoms always returned after short intervals, and the common diuretic and purgative plans always removed them. In the absence of Dr. Pitcairn, who was then at Lisbon for the recovery of his health, I was occasionally employed by the family of this gentleman, and he himself also became my patient. Although he was speedily relieved, the symptoms, as usual, soon returned; and thence con-

cluding, that as the symptoms were not constant, there could not be permanent mischief connected with diseased organization within the thorax, I very minutely examined the abdomen and its several secretions; and having good reason to believe the liver to be in fault, I pushed on the mercurial plan so as to produce a slight ptyalism. The unfavorable circumstances, as usual, soon disappeared; and after enjoying more ease and comfort for a much longer interval than was common with him, I gave him permission to remove from London to his brother's residence in the country, and took my leave of him. On the following morning, as he was preparing for his journey, and bustling a little that he might not keep the carriage waiting, he suddenly fell down and expired.

"The body was examined; and on meeting Dr. Pitcairn, I put the question as to what he conceived might have been the result of the examination. He replied, 'You would find organic disease either of the heart or of the larger vessels certainly.' His surprise was great when I informed him that there was no disease discoverable throughout the body, except an enlargement of the liver, which was thought to be harder than natural, and which appeared to be pushing against the diaphragm, so as to form as it were a sort of recess within it, and in such a manner as to diminish the area of the lungs, and consequently impede the thoracic circulation.

"Another case was that of a merchant in the city, whose pulse, though always remarkably slow, was never otherwise irregular; for during my attendance upon him, which was occasionally during ten or twelve years, I never discovered any intermission. His pulse, when he considered himself well, seldom exceeded 32 beats in a minute; but in his paroxysms of disease, if the application of such a term is allowable, the number was usually 22, and once I counted only 17 strokes. The pulsations might be considered as so many heavy undulations, affording, as it were, a chasm in space as well as time between each; and during which interval the muscles of the abdomen and thorax were so visibly affected as to remain in a state of tremulous or vibratory motion, which gradually diminished until the next wave or swell was succeeded by another similar vibration. I once attended him through a regular fever, when his pulse was not more than 60, notwithstanding the disease ran on for at least a fortnight with hot and dry skin, white and furred and parched tongue, and occasional delirium. This gentleman was considered by almost every physician who saw him as laboring under organic mischief in the thorax; and some thought that the

the brain was the primary seat of the disease, because, as it should seem, the slowness of the stream sometimes produced fullness and consequent head-ach. The mischief, however, appeared to be almost entirely in the liver; for upon a gentle salivation, long continued, he attained a state of comfort comparatively great, and for many months afterwards was almost free from disease. Cheltenham and Bath were successively resorted to for the benefit of the waters; but the enlargement of the liver, with its constant pressure against the diaphragm as the primary cause, had in this, as in the before-mentioned case, produced all the other secondary effects, and so disturbed the functions of the lungs and the circulation through them, that one day, when in complete health, as he then considered himself, he dropped down in the street and expired."

XXI. *On the Discrimination of Chronic Rheumatism, from Gout, Acute Rheumatism, Scrophula, Nodosity, White Swelling, and other painful Diseases of the Joints and Muscles.* By JOHN HAYGARTH, M.D. F.R.S. and F.R.S. Edinburgh.

This is an excellent dissertation upon a class of diseases to which the author has long devoted peculiar attention.

XXII. *On the Climacteric Disease.* By Sir H. HALFORD, Bart. F.R.S.

In this essay, the learned baronet has presented us with an interesting account of what we have hitherto regarded merely as a general decay of the system in the latter period of life, but which he is disposed to consider as a disease, which he describes "as a falling away of the flesh in the decline of life, without any obvious source of exhaustion, accompanied with a quicker pulse than natural, and an extraordinary alteration in the expression of the countenance.

"Sometimes the disorder comes on so gradually and insensibly, that the patient is hardly aware of its commencement. He perceives that he is sooner tired than usual, and that he is thinner than he was; but yet he has nothing material to complain of. In process of time his appetite becomes seriously impaired; his nights are sleepless, or if he get sleep, he is not refreshed by it. His face becomes visibly extenuated, or perhaps acquires a bloated look. His tongue is white, and he suspects that he has fever.

"If he ask advice, his pulse is found quicker than t should be, and he acknowledges that he has felt pains occasionally in his head and chest, and that his legs are disposed to swell; yet there is no deficiency in the quantity of his

urine, nor any other sensible failure in the action of the abdominal viscera, excepting that the bowels are more sluggish than they used to be.

"Sometimes the head-ach is accompanied with vertigo; and sometimes severe rheumatic pains, as the patient believes them to be, are felt in various parts of the body, and in the limbs; but, on inquiry, these have not the ordinary seat, nor the common accompaniments of rheumatism, and seem rather to take the course of the nerves, than of the muscular fibres.

"In the latter stages of this disease, the stomach seems to lose all its powers; the frame becomes more and more emaciated; the cellular membrane, in the lower limbs, is laden with fluid; there is an insurmountable restlessness by day, and a total want of sleep at night; the mind grows torpid and indifferent to what formerly interested it; and the patient sinks at last, seeming rather to cease to live, than to die of a mortal distemper.

"Such is the ordinary course of this disorder in its most simple form, when it proves fatal. When the powers of the constitution are superior to the influence of the malady, the patient loses his symptoms gradually, recovers his rest and his appetite, and, to a certain degree, his muscular strength and flesh; but the energies of his frame are never again what they were before, nor does the countenance recover its former volume and expression."

Sir Henry remarks, that the disease is seldom seen in its simple form, it being generally complicated with other complaints and assuming their character, and accompanying them in their course. The most frequent cause of it is stated to be a common cold: it is sometimes the result of an act of intemperance; of a fall; and of a marriage contracted late in life; anxiety and sorrow. The author avoids encouraging us to hope much from medicine in the cure of this affection, and only is confident in cautioning practitioners against resorting to too active a treatment.

XXIII. *On Abdominal Tumor, originating in Lumbar Abscess.* By J. LATHAM, M.D. F.R.S.

Dr. Latham suspects that he has seen three cases where matter originally formed in the loins has been collected into a chronic abscess within the abdomen, and made a passage for itself through the vagina.

XXIV. *A Case of Intestinal Protrusion per Anum. Communicated by* HENRY DAMPIER, Esq. Barrister at Law, *to* JOHN LATHAM, M.D.

Although this extraordinary case has passed the College ordeal,

ordeal, we suspect that some of our brethren, less gifted with faith, will doubt its possibility. Dr. Latham, in his introduction to it, says, "he is not aware of any similar instance having occurred." We copy it for the edification of our readers.

"On the 3d of January, 1755, I was called to John, the son of Lancelot Watts (a day-laborer) living at Brunsted, a servant boy to Mr. Pile, a farmer at Westwick, near North Walsham, Norfolk, aged thirteen years: he was overturned in a cart, and thrown flat on his face, with the round or edge of one side of the cart (bottom upwards) whelmed across his loins; the upper part of the body lying beyond the wheel at right angles. In this helpless condition he continued some time, and was found with a very large portion of the intestines forced out at the anus, with the mesentery, and some loose pieces of fat, which I took to be part of the omentum hanging down below the hams, double, like the reins of a bridle, very much distended and inflamed; he had a continual nausea, and violent retchings to vomit, and threw up every thing he took; the pain of the stomach and bowels was exquisite, attended with convulsions, pulse low and quick, and frequently he fell into cold sweats: after using an emollient and spirituous fomentation, I reduced the parts, though to no purpose; the vomiting immediately returned and forced them out again. Next day the fever increased; the nausea and retchings to vomit continued; the parts appeared livid and black, with all signs of a mortification. On the third day the mortification increasing, I cut off the intestine, with the mesentery, close to the anus. He had had no stool from the time of the accident; but soon after the operation there was a very large discharge of blackish and extremely offensive fæces, which continued several days, lessening by degrees. He soon grew easy; the nausea and vomiting abated. I gave him Tinct. cort. Peruv. simpl. twice a-day; and as he complained at times of griping pains, he took now and then Tinct. Rhatan. vinos and has recovered a good state of health.

"For some time he had six or seven or more stools in a day; at present commonly three or four, all loose, which come soon after eating, and frequently he is obliged to hurry out to ease himself during his meals.

"I have three times lately tried if I could discover a passage through the coats of the rectum with my finger, and I think I have always felt an opening just above the sphincter, towards the spine, the circumference of which was full, and protuberated seemingly as large as my finger, the lower

edge

edge of which was harder than the rest. He complained of pain when I pressed the upper part.

"The intestine cut off measured fifty-seven inches by a string applied to the outer surface.

"On the 7th of May, the boy came walking from Brunsted to North Walsham (seven miles), and dined with me; was perfectly well, and walked back again that afternoon."

The Rev. Mr. Dampier, in a memorandum at the end of the case, states that this account was given him at Mr. Windham's, at Felbrigg in Norfolk, by his apothecary, Mr. Needham, of North Walsham, who likewise showed him the above-mentioned intestine, which was cut off and preserved in spirits.—Dated, December 1756.

XXV. *Case of Hydrophobia.* By Richard Patrick Satterley, M. D.

This is another fatal instance of Hydrophobia. The patient was a girl aged eight years; and was received in the Middlesex Hospital two days after the symptoms commenced. She of course had all the attention and able assistance which her horrible complaint would naturally claim. The case is minutely related, but we can only afford space for the author's account of the dissection.

"Fourteen hours after death the body was opened by my friend Mr. Cartwright, one of the surgeons of the hospital.

"The bitten part was cut through in various directions, but no trace of diseased action could be discovered in it. The salivary glands, and the glands of the neck, were in a sound state. The trachea was nearly filled with a thick and glutinous mucus, which was continued into the minute ramifications of the bronchiæ, with this trifling difference, that the mucus in the lungs was somewhat thinner. There were patches of inflammation upon the internal surface of the trachea, more particularly on its posterior part.

"The œsophagus, from the part where it dips into the chest, and for about three inches towards the stomach, was lined with a thin semi-transparent layer of coagulable lymph. The internal surface of the stomach had nothing unusual in its appearance, except at the small arch, where, in a circle of about five inches diameter, it was of a dark bloody hue, approaching to black. At first this appearance resembled the effusion of blood under the villous coat, but it was found to be an exudation from the extremities of the blood-vessels upon the surface of the stomach, capable of being renewed in a few minutes after it had been cleaned away by a wet sponge. No abrasion of the villous coat was discoverable, nor were any clots of blood mixed with the contents of the

stomach. Neither the upper orifice nor the pylorus, nor the intestinal canal, showed marks of disease. The brain was in a sound state, *unless we except a turgescency of the vessels of the pia mater.*"

The remaining article in this volume contains the Report of the College on Vaccination, which has already appeared in the Medical Journal. Our extracts have been large, because we presumed they would be acceptable to many of our country connections, who might not have an opportunity of obtaining the volume itself, the most valuable portion of which they may thus possess. We are also happy to announce that a fifth volume is expected shortly.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

ROYAL SOCIETY.—At the first sitting of the Royal Society this season, on Thursday the 4th of November, a description of a sliding scale of chemical equivalents, contrived by Dr. Wollaston, was read.

It was first observed by Richter, that when two neutral salts are made to decompose each other, the neutrality of neither is disturbed. Thus, if you dissolve 100 grains of sulphate of potash in water, and pour into the solution muriate of barytes in sufficient quantity to decompose the whole of the sulphate, two new neutral salts will be formed, namely, sulphate of barytes and muriate of potash. If into the muriate of potash thus formed, a sufficient quantity of nitrate of silver be dropped to decompose it, two neutral salts will be formed, namely, nitrate of potash and muriate of silver. Thus the same weight of potash has been united in succession with sulphuric, muriatic, and nitric acids. The weight of barytes that neutralized the muriatic acid neutralized likewise the weight of sulphuric acid combined with the potash which had neutralized the sulphuric acid. These observations of Richter were still farther generalized by Berthollet; but it is to Dalton that we owe the full generalization of the facts, and the explanation of them. He supposes that bodies unite atom to atom, and showed how the weights of the atoms of bodies might be determined.

Dr. Wollaston has divided the slider of a scale into the logarithmic spaces from 10 to 320, by a method familiar to all who are acquainted with the nature of logarithms, or in a similar manner as the line of numbers is laid down in Gunter's scale. He considers 10 as representing the weight of an atom of oxygen. On both sides of the scale he has written the substances most familiar to chemists, viz. the acids, bases, water, and principal salts, each opposite to the number on the slide, which corresponds with the weight of an atom of it. Suppose we want to know how much oxygen combines with 200 mercury: bring 200 on the slide opposite to *mercury* on the scale; then over against *oxygen* on the slide will be found 16, the quantity of

of oxygen required. Suppose we want to know how much oxide of copper combines with 60 of sulphuric acid: bring sulphuric acid opposite to 60, and we shall find over against oxide of copper 61, the number required. The sliding rule is fitted to answer an infinite number of similar questions.

Dr. Wollaston determined experimentally the composition of nitrate of potash, and found it composed of 68 acid + 59 potash. His scale is referred to carbonate of lime, which he considers as the most exact standard of comparison that can be obtained.

On Thursday, the 11th of November, part of the Croonian Lecture on the *Influence of the Nervous System on Muscular Motion*, by B. C. Brodie, Esq. was read. This lecture began with a short historical account of the facts and opinions of former physiologists on this subject. The author then relates a number of experiments which he himself instituted still farther to advance the subject. He found that after the destruction of the lower part of the spinal marrow of a dog, the arterial blood of a horse injected into the lower extremities of the animal, after circulating through the limb, came out at the mouths of the veins dark colored. He found that the lower extremities of a frog, treated in the same way, though deprived of voluntary motion, contracted by stimuli and by the galvanic influence. He found that the heart of a rabbit continued to beat with its usual regularity for some time after the blood-vessels had been emptied of their contents; but that the action of the heart was destroyed when an animal was strangled, showing clearly that the stimulus of the blood is not the exciting cause of the action of the heart.

On Thursday, the 18th of November, the remainder of Mr. Brodie's paper on the *Influence of the Nervous System on Muscular Motion, particularly of the Heart*, was read. The author concluded with some general inferences from the experiments detailed in the preceding part of his paper.

Account of the New Rupture Society, for the Relief of both Sexes afflicted with Herniary Complaints and Prolapses.—This Society was instituted on the 12th of May, 1804, by a respectable meeting of benevolent gentlemen, convened at the Freemasons' Tavern; and patients were admitted on the 6th of July, 1805, since which time the number of persons applying for trusses has been rapidly and progressively increasing.

The *yearly* number of patients hitherto attended by the surgeon of this Charity, most of whom were totally destitute of the necessary apparatus for their personal safety, is as follows:

From July the 6th,	1805 to 1806	No.	76
	1806 to 1807	—	252
	1807 to 1808	—	407
	1808 to 1809	—	399
	1809 to 1810	—	498
	1810 to 1811	—	554
	1811 to 1812	—	669
	1812 to 1813	—	903

The

The following comparative statement, taken from an exact register of *four thousand two hundred and forty-two* patients relieved by the New Rupture Society, to January 1, 1814, will show the proportion and species of herniary cases occurring in each sex:

		Males.	*Females.*
Ruptures	In both groins . .	946	19
	In both thighs . .	4	39
Inguinal	On the right side . .	1563	51
	On the left side . .	927	34
Femoral	On the right side . .	19	139
	On the left side . .	11	93
	Navel ruptures . .	32	177
	Ventral herniæ . .	3	13
	Intestinal prolapses .	22	21
	Uterine prolapses . .	0	128
	Prolapse of the urinary bladder	0	1
		3527	715
			3527
	Total number of cases		4242

It is difficult to ascertain at what age persons are most liable to become ruptured; probably, however, during the middle period of life: but, not fewer than one hundred and seventy of the above patients (nearly all males) were ruptured prior to their birth, about the proportion of a fifth of whom had double inguinal herniæ, and one tenth had navel ruptures. Happily, these congenital cases admit of perfect cure, by the application of a compress during the state of infancy.

Of the females afflicted with prolapses of the bowel, sixteen had also uterine prolapses, seven were ruptured, and one had a prolapse of the urinary bladder. Many of the patients having ruptures in the navel, had at the same time inguinal or femoral herniæ; and two women had also prolapsus ani. A person who labored under a ventral rupture, had likewise two inguinal herniæ. Several females, having prolapses of the uterus, had also herniæ on one or both sides. Five men had prolapses, with inguinal ruptures. Another male subject had one inguinal and two femoral ruptures, produced by sudden bodily exertion: and, in many men, hydrocele was combined with their ruptures; all which accessory cases were cured, or relieved, by appropriate surgical operations.

By an order of the Governors, notice has been publicly given to parochial officers, superintendents of hospitals, and the conductors of other charitable institutions, that the benefits of this Society are extended to all parts of the kingdom, provided exact descriptions of the cases, with proper measurements of the patients, be sent by any subscriber, post paid, to Mr. Blair, Surgeon, No. 69, Great Russel-street, Bloomsbury-square. In consequence of this order, the heads of several parishes and public institutions have subscribed to the

New Rupture Society, and thus are enabled to relieve their own afflicted poor at a small expense.

Royal College of Surgeons.—The annual course of Lectures on Human and Comparative Anatomy, and Surgery, commenced on Tuesday the 25th of January, the first lecture being given by Mr. Abernethy. The lecturer began by paying a neat and well-merited compliment to the talents of his predecessor in the chair, and his early preceptor, Sir William Blizard, whose maxims concerning the search of truth he strongly inculcated on his hearers. He then explained the distinction between theory and hypothesis, and shewed how absurd it is to rail against the former, from its occasional misapplication and perversion, since theory consists in the inferences which are drawn from a connected series of facts, and is, in truth, nothing more or less than thinking; and it was by such thinking, Mr. Abernethy observed, that Sir Isaac Newton was enabled, from the falling of an apple, to deduce and establish the great law of gravitation. This led him, by a natural transition, to review the claims of Mr. Hunter to the character of a thinking man, and of a man of genius. These he warmly vindicated, declaring his conviction that Mr. Hunter had trodden in the right path of research, and avowing his intention to follow Mr. Hunter's system, because he believed it to be the true one. He now proceeded to consider the structure of organized bodies, beginning with the simple fibre, in which the principle of all their actions resides. After stating the opinions and observations of Haller and others, respecting the form and continuity of this fibre, as it is seen in muscles, to which he attached but little importance, he briefly discussed the various conjectures which had been formed with regard its contractile power. Finding that in all animated bodies this power belongs to the fibres, however it may vary in its composition, he could not admit it to be a mere property of animal matter, but he conceived that it depended on some subtle agent, like electricity, or magnetism, which pervaded these bodies, and endowed them with life and action. Of this hypothesis (for notwithstanding Mr. A.'s application of the term, we will not venture to call it theory) he adduced, towards the conclusion of the lecture, a variety of ingenious illustrations, into which our limits preclude us from following him. The whole lecture was delivered in a very eloquent and impressive manner.

Mr. Bythell, surgeon at Chester, recommends the use of the elastic gum catheter immediately after the operation of lithotomy, which, after considerable experience, he thinks productive of beneficial effects. Wearing the elastic gum catheter assists in conveying the urine direct from the bladder, and allows those parts wounded by the operation an opportunity of healing much quicker than otherwise they would do. It prevents the growth of excrescences and other obstructions in the urethra, which often occur, and are frequently attended with unpleasant consequences. The instrument is readily introduced, and occasions little inconvenience.

Dr. Sherwen has ascertained that every good property of stramonium

nium may be expected from a similar use of common white poppy heads, the smoke of which, whether swallowed or inhaled, is equally anodyne, and less deleterious than that of stramonium. To obtain the poppy heads in perfection, they should be carefully dried while green; before they have attained their greatest magnitude. It is probable that the green leaves, well dried, would also be efficacious. Dr. S. also observes, that similar effects would probably result from the dried leaves of digitalis, particularly in that species of asthma connected with œdematous ankles, irregular pulse, and other symptoms of hydrothorax.

According to the report of several *Apothecaries* residing in various districts of the metropolis, the following was the average of the diseases in London between November 20th and December 19th:—

Anasarca	13	Erysipelas	17
Ascites	4	Enteritis	7
Asthma	93	Entrodynia	1
Acne	7	Enuresis	—
Apoplexia	8	Epilepsia	4
Aphtha lactantium	7	Febris remittens	48
Amenorrhœa	19	—— intermittens	5
Asthenia	26	—— puerpera	—
Abortio	2	Gastritis	4
Bronchitis acuta	108	Gastrodynia	4
—— chronica	—	Hæmatemesis	2
Cancer	8	Hæmoptoe	10
Chlorosis	16	Hæmorrhois	1
Cholera	10	Hepatitis	18
Chorea	1	Hysteria	16
Cephalalgia	24	Hysteritis	—
Colica	17	Hydrophobia	—
Catarrhus	287	Hydrocephalus	4
Convulsio	5	Hydrothorax	14
Carditis	—	Herpes	13
Cynanche Tonsillaris	42	Hypochondriasis	14
—— maligna	4	Icterus	8
—— Trachealis	6	Impetigo	1
—— parotidea	10	Ischuria	1
Diabetes	1	Leucorrhœa	—
Dysenteria	13	Lithiasis	1
Diarrhœa	49	Lepra	3
Dyspnœa	38	Lichen	2
Dyspepsia	70	Mania	—
Dysuria	7	Menorrhagia	17
Ecthyma	7	Miliaria	—
Eczema	2	Morbi Infantiles	73
Erythema nodosum	1	—— Biliosi*	75

* Morbi Biliosi is meant to comprise those complaints that are popularly called *bilious*; but which do not properly come under any class of diseases.

Nephritis	4	Rheumatismus chronicus	46
Obstipatio	—	Rubeola	17
Ophthalmia	43	Scabies	57
Paralysis	7	Scarlatina simplex	1
Phthisis Pulmonalis	23	——— anginosa	8
Pemphigus	—	——— maligna	4
Pertussis	14	Splenitis	2
Peritonitis	5	Scrofula	33
Pompholyx	—	Tabes Mesenterica	10
Phrenitis	—	Tetanus	1
Pneumonia	97	Trismus	—
Podagra	12	Typhus	14
Porrigo larvalis	6	Variola	9
——— scutulata	7	Varicella	10
——— favosa	6	Vermes	10
Psoriasis	9	Vertigo	15
Purpura	1	Urticaria	3
Pyrosis	4		
Rachitis	1	Total	1792
Rheumatismus acutus	59		

The Deaths in the Bills of Mortality from November 24th to December 28th, 1813, according to the returns of the *Parish Clerks*, were as under:—

Males	1271
Females	1135
Total	2406

The French Gazette of Health for November contains a detailed relation of the sufferings of a young girl of eight years old, into whose ear a spider had crawled. She experienced momentarily a nervous fit resembling epilepsy, of which the strength gradually increased, impressing those around her with a fear that it would speedily become fatal. The surgeon, unable to extract the spider, poured oil of olives into the ear: hereupon she experienced some convulsive movements, longer and more violent than those she had before; and when they terminated, she was quite relieved.

Professor Mangeli has published in the Milan Journal a long report upon the action of the venom of vipers. He states, as the result of his experience, that ammoniac is the only sovereign remedy for the bite of those reptiles, and that opium and musk, which have been hitherto prescribed by Italian physicians, have no certain effect.

An Havannah paper mentions that an aged priest, in Guatimala, had lately applied himself to the production of opium in that province, and had succeeded to a degree that promised to make his discoveries a great national benefit. The Guatimala opium was said to be of a much superior quality to that obtained from the Levant.

Mr.

Mr. W. T. Ward, Secretary to the Committee of Apothecaries, &c. has requested us to announce, that the new Bill is framed by the London Committee, and is now in the hands of counsel to arrange and give the leading details, preparatory to its being submitted to the medical public.

Medical and Chemical Lectures and Examinations.—Dr. Hooper and Dr. Ager will begin their next Course on the Theory and Practice of Physic, Chemistry, and the Materia Medica, at the Theatre, 26, Cork-street, Burlington Gardens, on Monday, February 7th, at eight o'clock in the morning. Three Courses are given every year, beginning in February, June, and October, each on the first Monday of the month.

The Lectures on the Teeth, which had during many years been delivered by Mr. Moor, will be continued by his successor Mr. Fuller, Surgeon-Dentist to H. R. H. the Duchess of York. The Spring Course will commence the latter end of February, at his house, No. 6, Palsgrave-place, Temple Bar.

Dr. Adams will commence his Spring Course of Lectures on the Institutes and Practice of Medicine, on Tuesday the 1st of February, at ten o'clock, at his house, 17, Hatton Garden.

Dr. Prout will commence a Course of Lectures on Animal Chemistry, on Friday, February 18th, at half-past eight in the evening, at his apartments, 4, Arundel-street, Strand; which will be continued weekly at the same hour.

Dr. Gooch will commence his third Course of Lectures on Midwifery, and on the Diseases of Women and Children, early in February, at the Medical Theatre of St. Bartholomew's Hospital.

Books in the press.—Dr. Adams's long projected work on the erroneous Opinions and consequent Terrors usually entertained concerning Hereditary Diseases. Connected with the subject, are some remarks on the attempts at reducing cutaneous diseases to classes and orders, and on the unnecessary revival of exploded Greek terms.

An Essay on Medical Economy, comprising a sketch of the state of the profession in England, and the outlines of a plan calculated to give to the medical body in general an increase of usefulness and respectability.

A Practical Essay on the Diseases of the Vessels and Glands of the Absorbent System, being the substance of Observations to which the Prize for 1812 was adjudged by the London College of Surgeons; by William Goodlad, Surgeon, Bury, Lancashire, Member of the College.

The Morbid Anatomy of the Liver, Part 2; by J. R. Farre, M.D.

Mr. C. M Clarke, Member of the College of Surgeons, shortly will publish Observations on those Diseases of Females that are attended by Discharges.

Mr. Stevenson, Surgeon-Oculist and Aurist to her Royal Highness the Princess of Wales, has in the press, and nearly ready for publication, a greatly enlarged edition of his Treatise on Cataract.

LONDON

LONDON PRICES OF DRUGS.—Jan. 28.

(To be continued regularly.)

	£.	s.	d.	£.	s.	d. per
Aloes Barbadoes, from	20	10	0 to	21	0	0 C.
—— Cape	10	0	0 ..	11	0	0 —
—— Succotrina	20	0	0 ..	0	0	0 —
—— Epatica or E.I.	10	0	0 ..	12	0	0 —
Angelica Root	12	0	0 ..	13	0	0 —
Alkanet Root	7	0	0 ..	8	0	0 —
Antimony Crude	3	0	0 ..	3	5	0 —
Aqua Fortis	S.	0	8 ..	D.	1	1 lb
Arrow Root fine	0	2	0 ..	0	3	6 —
—— ordinary	0	1	0 ..	0	1	6 —
Arsenic Red	6	0	0 ..	6	6	0 C.
—— White	3	10	0 ..	3	12	0 —
Balsam Capivi	0	5	6 ..	0	0	0 lb.
—— Peru	0	19	0 ..	1	0	0 —
—— Tolu	0	12	0 ..	0	13	0 —
Bark Jesuits Com.	0	3	6 ..	0	0	0 —
—— Second	0	6	0 ..	0	7	0 —
—— Quil or best	0	8	0 ..	0	10	0 —
—— Red	0	7	0 ..	0	10	0 —
—— Yellow	0	4	6 ..	0	5	0 —
Borax refined E.I.	none.					C.
—— English	0	3	6 ..	0	3	8 lb.
—— unrefined or Tinc.	10	0	..	11	0	0 C.
Camphire refined	0	8	9 ..	0	9	0 lb.
—— unrefined	28	0	0 ..	32	0	0 C.
Cantharides	0	10	6 ..	0	11	0 —
Cardamoms (best)	0	7	6 ..	0	0	0 lb.
Cassia Buds	12	0	0 ..	in bond	0	0 C.
—— Fistula W.I.	12	0	0 ..	in bond	0	0 —
—— Lignea	12	0	0 ..	in bond	0	0 —
Castoreum American	2	10	0 ..	2	15	0 lb.
—— Russia	11	0	0 ..	0	0	0 —
Castor Oil per bottle 1½ lb.	0	3	9 ..	0	4	3 bo
Cocculus Indicus	3	0	0 ..	0	0	0 C.
Colocynth Turkey	0	5	0 ..	0	5	6 lb.
Columbo Root	2	15	0 ..	3	0	0 C.
Cream of Tartar	7	10	0 ..	9	0	0 —
Gallangal East-India	5	0	0 ..	0	0	0 C.
Gentian Root	3	15	0 ..	4	0	0 —
Ginseng	0	1	6 ..	0	0	0 lb.
Grains o. Guinea	5	10	0 ..	6	0	0 C.
Gum Ammo. Drop	30	0	0 ..	0	0	0 —
—— Lump	8	0	0 ..	9	0	0 —
—— Animi	3	10	0 ..	7	10	0 —
—— Arabic E.I.	2	0	0 ..	4	0	0 —
—— Turkey Fine	8	10	0 ..	9	9	0 —
—— Barbary	6	0	0 ..	7	0	0 —
—— Assafœtida	10	0	0 ..	15	0	0 —
—— Benjamin	8	10	0 ..	35	0	0 —
—— Cambogium	20	0	0 ..	26	0	0 —
—— Copal scraped	0	2	0 ..	0	3	6 lb.
—— Galbanum	16	0	0 ..	20	0	0 C.

	£.	s.	d.	£.	s.	d. per
Gum Guaiacum, from	0	2	6 to	0	3	0 lb.
—— Mastic	0	4	6 ..	0	4	9 —
—— Myrrh	15	0	0 ..	18	0	0 C.
—— Olibanum	6	0	0 ..	7	0	0 —
—— Oppoponax	80	0	0 ..	0	0	0 —
—— Sandrac	6	10	0 ..	8	0	0 —
—— Seneca Garbled	5	2	0 ..	5	5	0 —
—— Tragacanth	36	0	0 ..	38	0	0 —
Jalap	0	5	0 ..	0	5	3 lb.
Ipecacuanha	0	19	0 ..	1	0	0 —
Isinglass Book	0	10	6 ..	0	11	0 —
—— Leaf	0	10	6 ..	0	11	0 —
—— Long Staple	0	10	6 ..	0	11	0 —
—— Short Staple	0	10	6 ..	0	11	0 —
Manna Flakey	0	6	0 ..	0	6	6 —
—— Sicily in Sorts	0	4	0 ..	0	5	6 —
Musk China	0	18	0 ..	1	0	0 oz.
Nux Vomica	3	0	0 ..	3	10	0 C.
Oil of Vitriol	0	0	3½	0	0	0 lb.
Opium East-India	0	19	6 ..	1	0	0 —
—— Turkey	1	9	0 ..	1	10	0 —
Pink Root	0	4	0 ..	0	4	6 —
Quicksilver	0	4	10 ..	0	0	0 —
Rhubarb East-India	0	3	0 ..	0	5	0 —
—— Russia	0	18	0 ..	1	0	0 —
Saffron Spanish	2	5	0 ..	2	10	0 —
—— French	1	15	0 ..	2	0	0 —
Sago	6	0	0 ..	6	10	0 C.
Sal. Ammoniac	10	10	0 ..	11	0	0 —
Sarsaparilla	0	3	0 ..	0	3	6 lb.
Sassafras	8	0	0 ..	9	0	0 T.
Scammony Aleppo	1	6	0 ..	1	7	0 lb.
—— Smyrna	0	10	0 ..	0	12	0 —
Senna	0	3	0 ..	0	0	0 —
Seeds Anni Alicant	6	0	0 ..	6	10	0 C.
—— Coriander English	1	10	0 ..	1	16	0 —
—— Cummin	7	0	0 ..	7	10	0 —
—— Fenugreek	1	10	0 ..	1	15	0 —
Shellack	7	0	0 ..	8	8	0 —
Sticklack	6	0	0 ..	8	0	0 —
Snake Root	0	0	0 ..	0	0	0 lb.
Soap Castile or Spanish	12	0	0 ..	14	0	0 C.
Spermaceti refined	0	2	7 ..	0	0	0 lb.
Tamarinds West-India	8	10	0 ..	9	0	0 C.
Tapioca Lisbon	0	0	8 ..	0	1	0 lb.
Turmeric Bengal	3	3	0 ..	0	0	0 C.
—— China	4	5	0 ..	4	15	0 —
—— West-India	8	0	0 ..	9	0	0 —
Verdigris Wet	0	3	6 ..	0	0	0 lb.
—— Dry	0	5	8 ..	5	10	0 —
—— Crystallized	0	8	6 ..	0	9	0 —
Vitriol Roman	0	0	7 ..	0	0	0 —
—— Foreign white	3	16	0 ..	4	0	0 C.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 36s.—1 oz. 30s.—½ oz. 24s.

OBSERVATIONS.

At recent Sales of Merchandize by Auction, *Messrs.* Pistor *and* Co. sold 10 Casks of Gum Arabic, 71. 5s. to 71. 14s. per Cwt.—1 Cask Tamarinds, 9l. 6s. per Cwt.—1 Keg Castorum, 42s. 6d. per lb.—24 Chests Rough Camphire, 28l. 15s. to 29l. per Cwt.—14 Chests Jesuits' Bark, 2s. to 7s. 3d. per lb.—9 Barrels Gum Guaiacum, 10d. to 12d. per lb.—145 Serons Carthagena Bark, 7d. to 20d. per lb.—*Messrs.* Bowden *and* Tucker sold 82 Chests Pale Peruvian Bark, bonded, 3s. 8d. to 8s. 3d. per lb.—26 Bales Gentian, 73s. to 74s. per Cwt.—5 Chests Rhubarb, duty paid, 9s. 2d. to 9s. 6d. per lb.—2 Chests Gum Ammoniac, 7l. 19s. to 8l. 5s. per Cwt.

METEOROLOGICAL REGISTER.

From December 25, 1813, to January 25, 1814.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Temperature. Max.	Min.	
	26	NbE	30·42	30·28	47	34	Fair
	27	SW	30·30	30·43	31	30	Foggy
	28	NE	30·39	30·31	30	28	Foggy
	29	NE	30·35	30·33	29	25	Foggy
◐	30	NE	30·36	30·30	32	28	Foggy
	31	NE	30·36	30·27	34	25	Foggy
	1	NE	30·19	30·08	36	24	Foggy
	2	NE	30·38	30·14	35	23	Foggy
	3	WbN	29·72	29·53	34	29	Rain & Fog
	4	NE	29·10	29·21	30	29	Snow
	5	NE	29·19	29·09	31	29	Snow
○	6	NE	29·47	29·16	30	25	Frost
	7	N	29·61	29·60	30	23	Frost
	8	N	29·60	29·52	30	19	Frost
	9	N	29·67	29·60	28	13*	Frost
	10	NE	29·82	29·79	24	18	Foggy
	11	NE	29·84	29·64	24	20	Clear
◑	12	N	29·65	29·46	24	21	Clear
	13	EbS	29·84	29·76	25	21	Clear
	14	EbS	29·96	29·70	24	22	Clear
	15	E	29·58	29·50	26	23	Clear
	16	E	29·52	29·21	28	23	Clear
	17	E	29·69	29·27	30	22	Snow
	18	NE	29·10	29·06	29	20	Snow
	19	EbN	29·24	29·02	32	26	Snow
	20	SEbE	29·64	29·42	32	28	Snow
◒	21	EbS	29·76	29·75	28	20	Snow
	22	E	29·79	29·69	29	20	Snow
	23	E	29·75	29·73	30	19	Clear
	24	E	29·83	29·74	30	24	Clear
	25	N	29·88	29·83	31	24	Clear

Mean Height of the Barometer, 29·756.—Mean Temperature, 26·82.

* At Chelsea the thermometer sunk as low as 5°.

Dec. 26, 1813.—A fog, which continued to increase in density during the seven following days: the consequent darkness rendered it frequently necessary to burn lights within doors even in the middle of the day, and the extreme obscurity of the evenings, in most cases obliged the drivers of carriages to dismount and lead their horses, preceded by flambeaux. A common street lamp, with two wicks, disappeared at 40 feet distance.

Jan. 1, 1814.—During this day, the fog was at its greatest height; its effects were severely felt by invalids, even within the house. In the theatre at Drury-lane, when illuminated in the usual manner, a spectator in the lower boxes could not distinctly make out the persons of the company on the opposite side of the house; and the retired parts of the scenery on the stage were too indistinct to be seen with the naked eye. It is supposed this unusual fog arose, or was first noticed in the Downs; it thence followed the course of the Thames, spreading about eight or ten miles on its northern and southern banks. We have had no opportunity of ascertaining

ing its westerly extension. No fog of so long duration is noticed in our registers since that of the year 1755, which lasted nine days, and preceded the great earthquake at Lisbon.

2d.—A slight thaw, during which the fog changed to a wet dew, and gradually disappeared; in the evening the frost set in again, and still continues (January 26). The fall of snow during this month is remarkable for its unusual quantity; the depth during the night of the 19th, exceeded 10 inches; in many parts of the country the drift is 12 feet in the open roads, which are consequently impassable to man or horse. The Thames is frozen over, and many persons have crossed it on the ice near the bridges of the metropolis; above Putney it has been passable since the 12th.

In consequence of the continued severity of the weather during the whole of the last month, *catarrhs* have been very prevalent, accompanied in many cases by an extreme debility, and frequently terminating in peripneumony. In some instances, where the active remedies of bleeding and blistering were required, they have proved fatal. *Scarlatina* has occasionally occurred in the metropolis and the vicinity, but, for the most part, in a mild form. *Measles* have also shewn themselves in particular situations; but, except in one case, where the patient was neglected till a late stage of the disorder, we have seen no instance of death from them; and, as far as our observations extend, we are decidedly of opinion, that there is no ground for the alarm which Dr. Watt has excited respecting their increased fatality.

MONTHLY CATALOGUE OF MEDICAL BOOKS.

AN Account of a successful Method of treating Diseases of the Spine. By Thomas Baynton, of Bristol. 8vo. 5s. 6d.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. IV. 8vo. boards, 1l. 1s.

The Chemical Catechism, with Notes, &c. By Samuel Parkes, F.L.S. &c. The Sixth Edition, with Additions. 8vo. boards. 12s.

Facts and Observations relative to the Fever commonly called Puerperal. By John Armstrong, M.D. 8vo. boards. 8s. 6d.

Callow's Catalogue of Medical Books, for 1814; containing the most modern and approved Authors on Anatomy; Surgery, Medicine, Midwifery, Materia Medica, Chemistry, Pharmacy, Botany, Veterinary Medicine, &c. &c.

NOTICES TO CORRESPONDENTS.

Dr. Adams's paper did not arrive till the part of our Journal devoted to original communications had been printed. On the Doctor's authority we venture to suggest an erratum, which we have now no opportunity of examining with the MS.—Should not the first line of page 8 in our last Number, instead of "not within," *be* "met with in?"

We regret that the communication of "An Admirer of Truth and Justice," in refutation of the article in our last Journal, "On the inefficacy of Antim. Tartar. in the cure of Ophthalmia," was received too late for insertion.

Dr. R. C. Wilbraham, and our Exeter friend, are assured, that notwithstanding some insidious attempts to interfere with the establishment of this Work, our sale has not been greater for many months than during the past month; and that no periodical Medical Work has ever existed in the English Language which, judging from the numbers regularly sold, has been more extensively read at home and abroad than is this Journal.

Some accidental circumstances, with which it is unnecessary to trouble our readers, occasioned the errors of the press of which Grammaticus *complains.*

THE

Medical and Physical Journal.

3 OF VOL. XXXI.] MARCH, 1814. [NO. 181.

THE PROPRIETORS TO THE PUBLIC.

IT has been the fate of the Proprietors of this original Journal, in common with the projectors of every successful undertaking, to witness the rise, decline, and fall of many rival works on a similar plan. They do not complain either of circumstances which are not peculiar to themselves, nor of the honorable and well-meant endeavours of others; always confiding for protection, against piratical copyists or insidious oppositions, in the just feelings of that intelligent part of the community to whom this Journal is addressed. They consider it due, however, not less to the FACULTY *at large than to many old and valued Friends, and their own interests in particular, to assert the superior and undiminished pretensions of a work of established reputation and universal circulation, as a means of drawing together original Communications from all parts of the world, and of giving them that degree of currency which affords at once a maximum of gratification to the writers, and of utility to the profession and the public. On this point they venture also to urge the evident* CONVENIENCY *and* ECONOMY *of uniting all current medical improvements and correspondence in one periodical work; and they presume to urge the legitimacy of their own claims, founded on their* LONG ESTABLISHMENT, *their* PAST SERVICES, *their well-known* IMPARTIALITY *in whatever regards the interests and feelings of various branches of the profession, and their determination to concentrate within their pages* EVERY ORIGINAL FACT *and* VALUABLE OBSERVATION, *let them appear in whatever form or quarter they may.*

They are duly sensible at the same time that the foundation of all their pretensions to public favor and preference is in the undeviating merit of their work; and they have, therefore, among other new arrangements, associated with DR. FOTHERGILL *a colleague selected from another branch of the profession, and whose title to the approbation of their readers will, they trust, be made evident by the increased interest of their pages.*

For the Medical and Physical Journal.

DR. ADAMS *on the Appearance of the Stomach after Death.*

IN your last Number, two of your correspondents have done me the honor of noticing one of my papers: the principal matters between us being before the public, I shall confine myself to one or two points; but first permit me to repeat a sentence contained in my former paper. "All this will be considered as matter of conjecture, which I am sure those gentlemen will receive as offered to their further consideration." I am truly glad they have considered it, and

though not entirely according to my wishes, yet enough to keep alive the attention of us all to the importance of Mr. Hunter's doctrines.

But as every controversy must become tedious to your readers, I shall be careful not to occupy too much of your valuable pages. Let me first then in general remark that the whole of my paper, and all the opinions formerly offered by me, go on the suspicion that the common symptoms of hydrophobia arise from inflammation of the stomach—that I have admitted all the appearances urged by Mr. Abel in his last paper as imputable to inflammation, and have only cautioned those who examine stomachs after death not to trust to its vascular appearance as a proof of inflammation, when they find an *erosion*, or I might, perhaps, have said, an absolute disappearance of that part of the mucous coat which should have covered the red vessels.

The delay of a month has given me an opportunity of perusing Dr. Yelloly's paper in the volume just published by the Medico-Chirurgical Society. It abounds with so many useful facts on the appearances of the stomach, that it cannot fail to lead to the establishment of some certain rules by which we may in future be directed in examining that organ after death. I shall, therefore, only add a few hints, submitted to the consideration of such as have leisure to pursue the subject experimentally.

By Dr. Y.'s experiment on the dog destroyed a few hours after taking several grains of corrosive sublimate, we find that the true appearance of an inflamed stomach is such as has been admitted—great redness, with extravasation into the substance of the villous coat.

Inequalities in the thickness of the stomach ought, as Dr. Y. observes, to be distinguished from erosions. When erosions have occurred after the swallowing of arsenic, which is a very common incident, may not the animal have lived long enough for mortification to have taken place; and may not the mortified or dead part have been digested; and may not this account for Mr. Brodie's having never discovered gangrene in the stomach, though we know that arsenic so frequently produces that effect on other parts not protected by the external cuticle?

Dr. Y. adds to his observations some very candid remarks on "Mr. Hunter's valuable paper on digestion of the stomach after death." Both admit the thinness of the coat at its larger curvature; but Dr. Y. conceives it could not, in any of the cases he examined, arise from digestion, because the ends of the vessels were not eroded, as must in that case happen; and as Mr. Hunter describes by saying that "blood

pressed

pressed from the larger branches into smaller ones, passed out at the digested ends of the vessels, and appeared like drops on the inner surface. Such a degree of digestion, however, (continues Dr. Y.) must, I conceive, be very rare." Yet Mr. Hunter asserts, "there are few dead bodies in which the stomach is not digested at its greater end." Notwithstanding this apparent difference, I am persuaded that both are right. Mr. Hunter spoke of those bodies which are brought for dissection, of which the stomach is not examined till it is *dead.* All Dr. Yelloly's subjects were examined only a day or two after apparent death, that is, after respiration, the circulation of the blood, and all the other actions by which life is supported, had ceased so as never to be restored, yet before the constituent parts had lost their life, or even their powers of contraction. One proof of this is mentioned incidentally by Dr. Y. "It would appear," says he, "that there is a power capable of being exerted in the artery itself, which carries on the blood to the capillaries, or to the veins, after the further supply of fresh blood from the heart is stopped;" in other words, that those parts still retain their life, the contraction of the arteries still continuing after the circulation has ceased. How long the parts retain their life must depend on a variety of circumstances,—the season of the year, the mode of dying, the age, and even the peculiar properties of the animal; but as long as they retain life, they remain insoluble by the gastric juice.

It may be right here to mark the difference between erosion and perforation. The former to a certain degree is found in many stomachs, and in most if the body has been kept long enough before it is opened; the latter never occurs unless the subject was in previous health, and dies a violent or sudden death; and if it occurs at all, it is within a day or two after death. These experiments are easily tried on rabbits, in the manner I have described in another part of your Journal. J. ADAMS.

Hatton Garden, Jan. 20, 1814.

For the Medical and Physical Journal.

Extracts from a Discourse on the Disease called Tic Douloureux, read before the District Medical Society, at Boston, in April, 1812. By JAMES JACKSON, M.D.

A brief Account of the Notices which have been taken of this Disease.

THERE is not any reason to doubt that this painful disease has existed in all ages. It is not, however, described by any of the Greek writers on medicine. Among the Ara-

bians it is said to have been observed. We are told that Rhazis, one of the most celebrated physicians among the Arabians, has transmitted to us a description of this disease, for which he gives credit to Simion Seth, physician to one of the emperors of the east, and who lived in the eleventh century. Subsequent to this period, Ebr Sina, of the same nation, described the disease more fully, and with more precision.*

Whatever may have been the merit of the description of these Arabians, it is certain that the disease was not distinctly recognized by the faculty in general until after the middle of the last century. It was in France that it received the earliest attention. A surgeon of Versailles, named Andrè, published in 1756 a collection of chirurgical observations, among which there were some respecting the tic douloureux.† It is probable that we owe to Andrè this name; at least it is to him we trace its use. About twenty years after this time (1773) Dr. John Fothergill communicated to the London Medical Society his remarks on the disease, to which he gave the appellation of "a painful affection of the face." Dr. Fothergill does not appear to have been aware that the disease had ever been noticed by any one before himself; and his description, which is very accurate, is drawn from his own observations on a small number of patients. The description given by Andrè I have never seen and cannot procure, and therefore I am not authorised to give any very positive opinion respecting it; but with the medical world in general, and even some of the French writers, I am disposed to give to Fothergill the credit of having first described this disease. For, although it had before been described so that we can now recognize it in the writings of his predecessors, yet it was never before so described, as that physicians in general were made aware of its existence as a separate disease, and of its peculiar characteristics. From the time of Fothergill every one has been prepared and enabled to discover this painful affection wherever it has been seen.

Since Fothergill's publication (in the Medical Observations and Inquiries) many writers have noticed the subject. Pujol, a French physician, published an essay upon it in 1787, which is said to have been very learned, and to have evinced great research among ancient and modern writings for traces of

* Diagnost. med. and Recueil periodique de la Soc. de med. de Paris. Tom. 4.

† Traité du diagnostic medical par Dressig, traduit de l'allemand par L. J. Renauldin, a Paris. 1804.

this

this disease under some other name. These researches were not very profitable; but a knowledge that they have once been made with accuracy by a man of learning, is useful, as it may prevent a loss of time in a repetition of them by others. Previous to Pujol's essay the subject had been considered in a memoir by Thouret and Andry, presented to and published by the Royal Society of Medicine of Paris (1779), and since Pujol, by other writers in France and Germany. In England also the disease has been noticed in periodical publications, and in distinct works; particularly by Dr. Haighton (Medical Records and Researches), and by Dr. S. Fothergill, nephew to the Fothergill before mentioned.

In this country the disease does not appear to have arrested the public attention for any great length of time. Of late there has appeared an interesting and distressing case, which occurred in a very respectable physician of New-York.* It is not a little remarkable that the disease seems to have been quite unknown in that city, previous to the case here referred to.

Besides the names for this disease which have already been mentioned, (tic douloureux, and painful affection of the face,) others have been proposed; of which, one given by Professor Chaussier appears to be the best. This is *neuralgia of the face.*

Description of the Disease.—This disease is characterised by an exceedingly violent pain, which affects some part of the face for a short space of time, and recurs at uncertain intervals. It is very sudden in its attack, and is sometimes† perceived distinctly to pursue the course of the ramifications of some nerve.

This neuralgia is common to persons of both sexes; but has very rarely been noticed in any previous to the adult age, and is not common in persons under forty years of age. It has, however, been noticed in those between twenty and thirty years of age. It does not appear, on comparing the observations of different writers, that persons of any particular temperament or constitution, or that those who have pursued any particular employment or mode of life, are especially subject to this disease. I am disposed to think that the pain is usually more violent when it occurs in persons much advanced in life, than when in young persons.

The seat of the disease is for the most part in the face, but

* See Medical Museum, New Series, Vol. I. No. II.

† This circumstance is not so constantly to be observed as the description of some good writers would lead us to think.

in

in some instances it extends over the head. Very often it is over the antrum highmorianum, and spreads to the ala nasi and upper lip. It spreads also to the gums, and even to the roof of the mouth.

In other cases it passes from the ear over the cheek, and this is very often its seat. Less frequently it is seated in the lower jaw; and occasionally it branches out from above the eye over the forehead. It has also been observed to affect the mastoid process and the occiput. Originating in some one of the places which have been described, it very often extends to all the others. It sometimes darts from the proper seat of disease to the surrounding parts with great rapidity, "shooting like radii from a centre."

It very rarely happens that both sides of the face are affected. This has, however, been said to occur in one or two cases. The disease has been known to affect each side alternately; and it has been thought to alternate with convulsive affections of other parts of the body.

Some writers state that the paroxysms occur only in the day. It is however certain that they do occur in the night,* and even most severely in some instances.

The duration of the disease is uncertain. The paroxysms are mostly sudden in their access; but sometimes there are precursors. The pain is variously described. Very often it comes on by strokes or touches, like a spasmodic affection. These continue only a few seconds, or never perhaps more than a minute; but the frequency of repetition is exceedingly various. The repetition is sometimes so frequent, that the pain seems almost constant. It is more frequent during certain periods; and these periods are from a few days to several weeks in duration. The intervals between these periods are also various; continuing a week, a month, a year, or even longer. There are patients who seldom obtain any of these respites from their distress, having some pain constantly; while others are perfectly at ease during these intervals. The suffering is excruciating in degree; being such "as neither words can describe, nor the imagination easily conceive."

The pain is many times produced by evident exciting causes. At others it arises without any warning, and, as it would seem, spontaneously. There is this peculiarity respecting it: it will frequently be produced upon very slight irritations. A light touch, as in knocking off a fly, or in moving the bed-clothes across the face, will in some patients occasion very excruciating pain; while the same persons can

* Diagnost. Medical.

bear

bear to press, or strike upon the part affected with great violence, without any unpleasant effect. The necessary motions in eating and speaking very often occasion a return of the paroxysms; as indeed will any spontaneous motion of the parts affected. Accordingly in severe cases the patient will endeavor to avoid any, the slightest motion of those parts; and in consequence of this restraint the countenance acquires a peculiar expression. The muscles of one side of the face only are put into action; but the effect is very different from what happens in hemiplegia, seeing that the power is not lost, and the restraint is voluntary and even forced. The patient will take in his food only on the sound side of the mouth. The food must be such as not to require mastication, for this process cannot be performed without risk. Even in swallowing liquids, or food of the softest texture, the pain is, in the worst cases, so excruciating, that the patient restrains himself to the least possible quantity; not thinking of gratifying the appetite, but endeavoring only to appease the most imperious calls of nature. In speaking, also, the patient must, during the periods of severe pain, be equally cautious and abstemious, uttering only monosyllables, or the shortest sentences; and in doing so much he restrains one half of the mouth from motion, so far as it is possible.

This terrible disease remits, and occasionally subsides for ever, in a very sudden manner. It is often relieved for a time by engaging the attention of the mind. One gentleman, it is said, found relief in the amusement of cards.*

It is commonly said that this disease is not attended with any swelling, or change of structure. This in general is true; but in some cases a general tumefaction of the gums takes place during the paroxysms of pain. See cases of Mrs. W. and Mrs. C.

Diagnosis.—This neuralgia of the face is similar in some respects to four other diseases. It is therefore necessary to consider how it may be distinguished from them. These four diseases are trismus, odontalgia, rheumatism affecting the muscles of the face, and hemicrania.

Symptoms which distinguish the Neuralgia of the Face from Trismus.—In the first of these diseases we find pain the most strongly marked symptom; although sometimes convulsive actions are observed about the face, they are proportionally slight. In trismus the spasmodic contraction of the muscles of the lower jaw constitutes the essential part of the disease; and, although this is attended with some pain, it is very inferior to that of neuralgia.

* See Dr. Fothergill's Treatise on Tic Douloureux.

In the first of these diseases the jaw is sometimes kept nearly closed, so that the patient does not admit any, except very small portions of solid matter, to pass between his teeth; nor does he perform the action of mastication. But it is evident that all this arises from a dread of producing pain by a more free motion of the parts, and not, as in trismus, from an involuntary contraction.

Symptoms which distinguish Neuralgia of the Face from Odontalgia.—One mode which has been mentioned of distinguishing between these diseases is from a consideration of the age of the patient. It has been thought that the disease rarely, if ever, appears until after the fortieth, and not often until after the fiftieth year; at which period of life the teeth are seldom the seat of pain, even if there remain any in their sockets. But I apprehend that too much reliance must not be placed on this mode of discrimination. Forstmann, a German writer, quoted with great respect by Heurteloup in the collection of the Society of Medicine of Paris,* says that he has seen the disease in young girls of the age of twenty, and even of nine years. Heurteloup also gives a long and minute account of a case in a Corsican, who was under thirty years of age. Darwin also, in his Zoonomia, gives a strongly marked and very severe case, in which the patient was between twenty and thirty years of age.

From the age alone, then, we are not authorised to decide the nature of the painful affection. But another question has arisen in my mind on this subject, and this is, whether affections of the teeth do not sometimes produce the neuralgia of the face. The pain peculiar to the latter disease certainly bears a resemblance to the pain which sometimes occurs in affections of the teeth, and which is described as jumping, twinging, &c. although the latter is seldom, if ever, comparable in severity to the neuralgia. But it is not on this resemblance alone that I have been induced to raise a question on this point. The question first arose in my mind in consequence of a case which occurred to me two years since, and which I will take the liberty to relate.

Case of Mrs. S.—I was called to this lady in April, 1810, and then learnt from her the following history. In 1806, she had one of the molares removed from the upper jaw on the left side. It was the fourth, and at that time the last of those

* Recueil period. de le Soc. de Med. de Paris, Tom. 4, p. 205. "Cette dissertation de Forstmann est savante, pleine d'erudition et merite de tenir place parmi les bons écrits publiés sur le tic douloureux de la face. On y trouve les examples de jeunes filles de neuf et de vingt ans attaquées du tic douloureux."

teeth

teeth. A portion of the socket was removed, adhering to the tooth. The operation occasioned great pain; and this continued very severe for some time afterwards. At the end of three or four weeks the parts were inflamed; and a physician who saw her thought that he could perceive a loose portion of bone. The inflammation subsided, however, without the discharge of any bone.

About seven months after the extraction of the tooth, she first experienced in the socket a pain peculiar in kind, and excruciating in degree. This came on very suddenly in the night. It continued to distress her for some days at that time, and recovered at several subsequent periods, continuing from half an hour to many days. In this time she had consulted different gentlemen of the faculty, and two of them, on examining the socket, had told her that a tooth was coming, and she had in consequence several times had the gum divided very freely.

When I saw her I found an enlargement of the socket, and this was very hard. The appearance was such, that I should at once have adopted the opinion that a tooth was contained within the socket, had I not been told that the parts had then continued in the same state for more than three years. The pain at this time was excruciating. It had commenced some days before, and had been growing more constant. The description of the pain was this. Its access was sudden and violent, and it rarely continued so long as five minutes, sometimes not one, without a sensible intermission. This intermission was of various duration, from one or two minutes, to hours, days, &c. But the pain was not strictly constant during the short period described. It consisted of successive strokes or shocks, very quickly repeated. These were darting, and more severe than words can describe; and they spread from the socket to the cheek and ear, and occasionally over the side of the head. The miserable patient was unable to lie down when suffering the pain, and as this continued in the night as much as in the day, she often spent a great part of the night out of bed. At one time, she passed nearly a week without having more than one hour's sleep in a night on an average.

I divided the gum without affording her any relief, although previously she had got some ease after this operation. Internally, I administered first the aq. ammoniæ without relief; I then directed the inspissated juice of *hemlock* (conium maculatum), and after increasing it to a very large dose, such as affected her head, she was relieved. The pain occasionally returned for short periods, during three or four

months afterwards. The same remedy would always give relief.

Six or eight months after she had felt any of the pain, she found that a tooth had protruded from the part where the tumor had been, with so little uneasiness that she had not discovered it, until fully grown. Since that time she has continued perfectly free from her distressing pain.

In this instance the pain had the most important characteristics of the neuralgia. It was uncertain in the time of its attack, sudden, coming by strokes, or darting, and excruciating in degree. It was also mostly, though not wholly, confined to the portio dura of the seventh pair of nerves. At the same time it is impossible not to attribute the pain to the tooth, which was for so long a time retained under the gum.

To return from this digression, let us proceed to consider the signs by which the tooth-ache may commonly be distinguished from the tic douloureux.

One obvious and important distinction is to be derived from the seat of the pain. In the odontalgia the pain is in the teeth, or sockets, extending, however, by continued sympathy to the neighbouring parts in severe cases. In the neuralgia it follows the course of some one, or more considerable nerves.

In odontalgia there is commonly to be discovered some obvious cause, as a carious tooth, or a tooth piercing the gum, or pregnancy; and where there is a carious tooth, the removal of it gives relief. But in neuralgia the pain is rather increased than diminished by the removal of the teeth; and the disease occurs in subjects who have lost all their teeth.

It is said that the odontalgia is never accompanied by convulsive motions in the muscles of the face; while these frequently manifest themselves in neuralgia.*

Symptoms which distinguish Neuralgia and Rheumatism of the Face.—The rheumatic affection is said to have regular periods of access, and those mostly at night; while the neuralgia occurs at irregular periods, but those in the day time. In most cases, perhaps, it is worse in the day time than in the night, possibly owing to the inevitable operation of many exciting causes during the day. However, the neuralgia does occur with great severity in the night, although some authors have thought otherwise.

The pain of rheumatism is more constant and much less severe than that of neuralgia. When rheumatism is most

* Traité du diagnostic medical,

severe,

severe, as when it is acute, it is usually accompanied by swelling of the parts affected, which does not occur in any considerable degree in the other disease.

Finally, the rheumatic pain does not regard the distribution of the nerves; while the neuralgia follows them so exactly, in some cases, that their distribution may almost be learnt by attending to the course of the pain.

Symptoms which distinguish the Neuralgia from Hemicrania.—There is certainly a great resemblance between these two diseases; so great, that Dr. Curry, a physician of Guy's Hospital, does not hesitate to declare, that they are one and the same disease. "I am now fully convinced," says he, in a letter to Dr. S. Fothergill,* "that the disease commonly known under the name of hemicrania, is no other than the tic douloureux affecting the nerves which supply the temporal muscle and scalp." It would require too much time to examine the evidence offered by Dr. Curry in support of his opinion. It certainly has some weight, but it is not conclusive.

Hemicrania is most commonly intermittent, occurring in paroxysms, as regular as those of an ague. This is not a very rare disease with us in spring and autumn, and sometimes it occurs in winter. It is frequently a concomitant of a catarrhal affection. The pain is generally in one temple or about one eye, occasionally spreading over the side of the head, but seldom or never extending to the cheek. It is usually quite confined to one side of the head. It does not occur at any one stated hour in all cases; but in most it comes on about ten or eleven o'clock A.M. and continues from four to eight hours. From the time of the access it gradually increases until near its termination; for after rising to its greatest height, it subsides pretty rapidly. It yields to cinchona; but more certainly to arsenic, employed as directed by Fowler.

This disease is very painful, but the pain is not of the lancinating kind which occurs in the neuralgia. It may certainly be easily distinguished from this last.

(To be continued.)

For the Medical and Physical Journal.

Case of severe Luxation of the Jaw reduced; by Mr. A. KINGTON.

ON Christmas-day last, I was requested to visit Thomas Vaughn, a strong muscular man, who was frequently the subject of a dislocated jaw. Upon my arrival, I found

† Dr. S. Fothergill on Tic Douloureux, page 73.

his jaw had been luxated three days, and very violent efforts had been made use of to reduce it by an ignorant farrier, who resided in the house with him. The right side of his face was much swollen, and very painful. I endeavored to reduce the bone by placing my thumbs upon the molares, but had not sufficient strength to do it. I then had recourse to the method recommended by Mr. Fox, but finding the muscles so strongly in action, I thought proper to desist. I ordered him a strong cathartic, composed of Sulph. Magnes. ℥j. Infus. Senna ℥ij. to be taken immediately; to foment the part affected, and make use of the warm bath, until I saw him the next day.

26th.—The side of the face is more painful than yesterday; the patient very irritable, and would scarcely allow me to examine the parts. The muscles about the mouth are continually in action, and the mouth is drawn in different directions. The tongue appears to partake of the same affection as the muscles of the mouth, and he speaks with great difficulty. The cathartic I ordered yesterday not operating sufficiently, I directed it to be repeated every three hours, until copious evacuations were procured; and applied an emollient cataplasm to the swollen surface. His pulse being full and quick, I took away twelve ounces of blood from his arm.

27th.—I found his symptoms much exasperated, with the muscles of the mouth more affected by spasm than yesterday. His countenance exhibiting a ghastly appearance, I was of opinion this spasmodic action proceeded from the violence made use of by the farrier, and thought the only means of saving my patient was to remove the cause of irritation, by reducing the luxated bone as soon as possible. With this view I took away eighteen ounces of blood from his arm, ordered the parts surrounding the jaw to be continually fomented, and gave him a nauseating dose of Ant. Tart. every four hours.

28th.—I found my patient much debilitated, the swelling a little subsided, and the spasmodic affection of the muscles of the mouth somewhat abated. I now placed my thumbs upon the molares, made a slight degree of pressure in the usual way, and, to my great astonishment, the jaw slipt into its place immediately. From this time my patient gradually recovered, and was perfectly well at the end of a week, except a little spasm, which sometimes affected the levator anguli oris muscle, but entirely left him in the course of a month. He now continues in good health, and is able to masticate hard substances.

Hereford, Feb. 8, 1814.

For

For the Medical and Physical Journal.

Vindication of Mr. Adams's Recommendation of Antim. Tart. in Egyptian Ophthalmia.

THE truth of the old adage "none are so blind as those who will not see" is daily verified, and was especially so in a paper in a late Number of the Medical Journal.

Mr. W. M. T. of Hull, it appears, is unable to discriminate between the difference of the effects produced upon the constitution by "continual sickness" and by "continued sickness *and vomiting*," although Mr. Adams, subsequent to the appearance of a paper on the subject by Mr. Fielding, has given such a clear explanation of the different effects induced by the two modes of practice, as not only to have silenced Mr. Fielding in any further prosecution of his claims of priority, but also to have called forth from a gentleman of Clifton an excellent paper (in the third Number of the 30th volume, page 199, of the Med. and Phys. Journal) entitled *Distinction between Nausea and Vomiting*, in which the author says, "If the same effect be brought about by nausea as by active vomiting, it must be the product of causes diametrically opposite to each other." The correctness of his detail of the effects produced on the constitution by nausea, must be acknowledged by every candid and intelligent professional reader. He clearly shows that the animal and vital powers are much depressed during its action, even in the most athletic patient, who in consequence "becomes deprived of all muscular energy, occasioning the highest degree of prostration of strength and listlessness," while, by increasing the nauseating matter, he adds, "instead of increasing the nausea, we excite vomiting, and effects very opposite to those I have been describing are produced; for now, instead of a relaxation of the muscles, instead of a death-like listlessness, nature is roused to make a powerful effort to get rid of the offending matter; the muscles, not only of respiration, but also of the extremities, are thrown into strong contractions, and the heart and arteries propel their contents onward to the ultimate branches with increased velocity; so that it frequently happens, during violent vomiting, the delicate vessels of the conjunctiva covering the sclerotic coat are ruptured, and blood consequently extravasated into the cells of the reticular membrane, constituting what is called a blood-shot eye. The pulse, instead of being so quick and feeble as scarcely to be felt or counted, as we find it to be during nausea, now bounds under the finger; and the face, partly owing to the pressure of the contracted

contracted muscles on the veins hindering the return of the blood through them, and partly to the increase of circulation, is suffused with a dark crimson hue, and apparently swollen, instead of being flaccid and deathly pale." This description being given in more animated language than that in Mr. Adams's preceding paper, (whose reasoning, by the bye, is equally correct,) I have chosen it for quotation, and as a proof that where there is a disposition to detract from another's merit, the clearest descriptions may be contorted, as well as facts mis-stated. I hope I shall not be considered to treat Mr. Fielding, and his fellow townsman Mr. W. M. T. with too much severity by these remarks; but I really think them justly called forth by the unfair attempts made by the one to deprive Mr. Adams of the merit of a very valuable discovery, in which, having failed, the other endeavours to prove it inefficacious, and in support of his assertion brings forward a case in which the disease itself, as well as the nature of his practice, *totally differ* from that recommended by Mr. Adams.

But let us examine the paper of Mr. W. M. T. by which it will appear that he has *mis-stated* some of Mr. Adams's assertions, and also *wholly mistaken* his mode of conducting the practice. He sets out indeed at the very commencement with a mistake of no small moment, namely, that Mr. Adams had recommended the use of the antim. tartar. for the cure of *acute ophthalmia*. Now that gentleman, in his two communications which have appeared in the Medical Journal, speaks only of having tried it in the *purulent inflammation of the conjunctiva, known under the appellation of the Egyptian ophthalmia*, which Mr. W. M. T. ought to have known is of a specific nature, and very different in its character and progress from simple acute inflammation, which I presume he means by "acute ophthalmia." That I am not incorrect in this presumption is, I think, clear, from the description of a case which Mr. W. M. T. adduces in support of his induction, in which are absent all the symptoms which characterize the *Egyptian ophthalmia*, when it exists in any degree of violence, namely, a copious puriform discharge from the conjunctiva, a great degree of tumefaction of the palpebræ, and an excessive vascularity and thickening of the conjunctiva, folds of which not unfrequently envelope the transparent cornea so as almost to obscure it from view, constituting what in technical language is called the chemosis. If Mr. W. M. T. had had any practical experience in the treatment of this disease, or had even perused any of the publications upon the subject, (that excepted by Mr. Ware, at which period it is impossible he could have ever seen the

ophthalmia

ophthalmia in question in the virulent state in which it has existed in the army,) he would have known that "four ounces of blood from the temple and ten from the arm" would have done very little towards "affording the speedy recovery and preservation of sight" ascribed to it by him in the case he details. When he is therefore informed that it is frequently necessary to take from 60 to 80 and even 100 ounces of blood or upwards from the patient, to save the eyes from total destruction, in bad cases of Egyptian ophthalmia, he cannot fail to comprehend how totally different was the disease he had to treat.

It is next stated, in the paper from Hull, as Mr. Adams's opinion, "that the antim. tartar. alone, given in doses sufficient to keep up *continual sickness*, and continued for a sufficient length of time, was capable of subduing the inflammation *in the most violent cases.*" If Mr. W. M. T. has been favored with any private communications by Mr. Adams on the subject, I cannot contradict his assertions; but as he does not give the slightest intimation in his paper to this effect, and judging Mr. A.'s opinions only as they are expressed in his two papers inserted in the Medical Journal, I must beg leave to say, that in these particulars he is equally incorrect as in the former. Mr. Adams, in his first paper on the ophthalmia, inserted in the 170th Number of this Journal, page 303, after mentioning that the mode of treatment recommended by a celebrated oculist had been ineffectually tried by himself and his son, for the space of two years, upon a large number of patients in St. Pancras Work-house, where he first tried his practice, and with uniform success, says, "The process was simply to give such a quantity of antim. tartar. as would keep up constant sickness *and vomiting* for eight or ten hours," &c. In Mr. Adams's second paper, written in reply to that of Mr. Fielding, he gives more detailed instructions for exhibiting the emetic tartar, which I will quote in his own words:—"To produce nausea, a quarter, or at most the third, of a grain of the antim. tartar is exhibited for a dose once, in three or four hours, to an adult; whereas in my practice I should direct *two grains* to be given at the first, and half that quantity to be repeated *every half hour*, until *full vomiting* is produced, which is to be kept up for the stated time, by repeating the dose at longer intervals." Now in the case related by Mr. W. M. T., it is true he gave a full grain of antim. tartar, instead of a fourth or a third part of that quantity, and that too with the addition of nitre, which, he says, produced the desired effect of keeping the patient in a state of "continual sickness" (alias nausea); but he never once, in any part of his paper, mentions the word

vomiting,

vomiting, which is insisted upon by Mr. Adams as indispensably necessary (that too in a violent degree) for the cure of the Egyptian ophthalmia, according to his mode of treatment. The *opposite effects* produced by sickness and by violent vomiting have been fully shown; and out of regard to the veracity of the anonymous writer in question, I am willing to suppose he has not perused Mr. Adams's papers himself, but taken them on hearsay; otherwise a more wilful perversion of the intentions of the inventor of a new practice has never yet been attempted.

Another deviation of most essential importance, in the Hull case, from Mr. Adams's practice, is, in the period of first exhibiting the antim. tartar. Mr. A., at the conclusion of his first paper on ophthalmia, says, *in italics*, that the emetic practice should be adopted "*as soon after the commencement of the disease as possible*, as the ulcerative process frequently begins in ten or twelve *hours* (which, by a note in his second paper, it appears was misprinted *days*) after the accession of inflammation, and, it is evident, the remedy, *when that stage of the disease has begun*, must be ineffectual;" whereas in the case narrated by Mr. W. M. T., the inflammation, he asserts, was of the most violent kind, pre-existing *three days* before the patient sent for advice, when the corneæ were found to be "dull and milky, and one of them *beginning* to *ulcerate*." Every medical practitioner is fully aware how much the efficacy of an emetic, in cutting short any acute affection, is dependant on its early administration: they also know that the cold affusion loses its power of immediately arresting the further progress of typhus, when applied later than the period named by the late eminent physician who reduced its application to the rules for its use which are now universally admitted. Would it therefore be surprising were Mr. Adams's practice to fail (even supposing it applied to the very disease in which he recommends its adoption) if administered *two days and a half* later than the period distinctly marked by Mr. A., beyond which it would frequently, he says, "be highly injurious?"

The author of the article from Hull, in his concluding sentence (in which by the way there is such a curious jumble of persons and tenses as to render it nearly unintelligible), says, "The object of the writer is not to condemn the use of emetic tartar in ophthalmia, but to express his opinion, grounded on observation, that it ought not to be relied on as a principal remedy; and from the manner in which Mr. Adams spoke of it, many, no doubt, would be led to place entire confidence in it, without ever thinking of any other until it was too late." Mr. Adams certainly does speak of the

the efficacy of his practice with great confidence, when he says, "The event (of the emetic practice) has most fully answered these expectations, *as in no one instance* in which I have known the remedy employed agreeably to the rules just laid down, has it failed of success." In support of this assertion, *thirteen* cases are also mentioned, given by Mr. Lewis (one of the surgeons of St. Pancras Work-house) in a public document; also Mr. Adams announces that that gentleman has since successfully pursued the practice on other public as well as private patients. This fully warranted Mr. A. in "hastening to lay the facts before the public, with the wish of inducing its extensive adoption" in the *Egyptian ophthalmia*, but evidently not in a species of ophthalmia totally different from that most destructive disease.

Liverpool, *An Admirer of Truth and Justice.*
Jan. 15, 1814.

For the Medical and Physical Journal.

Case of a large Dose of Laudanum proving fatal, although full Vomiting was speedily effected. By Mr. JAMES CORNISH, Member of the College of Surgeons.

WHEN opium is taken in large quantities, either by mistake, or with an intention of destroying life, we are directed to attempt a speedy evacuation of the poison, and to endeavor to counteract its effects.

In cases where mineral poisons have been swallowed, there seems good ground to hope, that by the judicious management of well-chosen remedies, this latter indication may be fulfilled, and the danger arising from their exhibition guarded against and prevented. As the vegetable poisons, however, do not admit of such remedies, from our not possessing the means to render their deleterious qualities inert by decomposition, and as their narcotic property will in a short time so far destroy the sensibility of the stomach, and induce such a degree of spasm as to render vomiting impracticable; their speedy evacuation is the indication on which we have principally to rely.

It would appear to have very generally obtained, from some successful cases which have been published, that where free vomiting can be procured, but little danger is to be apprehended. Such, I frankly confess, was my opinion as to the result of the following case; and my motive in requesting its insertion in the Medical Journal is, that in similar cases a like disappointment may not be experienced.

John Bunny, ætat. 75, Saturday, Jan. 8, at eight, a. m. swallowed, according to his own confession, an ounce and a

half of tincture of opium. From the account his wife gave me, I supposed he must have taken it half an hour, rather less than more, when I first saw him. He was sitting upright in a chair, apparently in the perfect possession of his senses as he had been for some days previously. His mind, however, had been irritated by some circumstances that had occurred, and his friends had observed some peculiarities in his conduct which had led them to consider him as imperfectly master of his reason. An emetic * of ten grains of tartrate of antimony and half a dram of ipecacuanha was given him without delay, which in the space of fifteen minutes brought from his stomach nearly a wine glass full of fluid, in which opium was strongly perceptible. The emetic operated three or four times in the course of the morning, and as so short a period had elapsed between its exhibition and the taking the poison, together with the consideration that the greatest part, if not *all*, of the offending matter must have been rejected, very little apprehension was entertained respecting the result of the case. The narcotic effect of the opium, however, soon became apparent, his pulse became slow, his breathing deep and sonorous, and his inclination to sleep very considerable. When roused he answered rationally. His drowsy disposition was prevented by continually shaking him, and by obliging him to walk the room, which he did for some time with very little assistance; but as he gradually lost the use of his legs, and as his insensibility increased, it was necessary to again seat him in a chair. Strong coffee, and diluted acetic acid, were plentifully given him, and by now and then irritating the throat with a feather, he vomited freely. In what he rejected after the first four or five times, the smell of the laudanum was not to be perceived. Notwithstanding these free evacuations, his breathing continued stertorous, his powers of speech and voluntary motion failed him, and his inclination to sleep was almost invincible. Violently shaking him, volatile alkalies to the nostrils, blisters to the back, frictions with salt, and irritating the glottis, with difficulty roused him. In this state he continued till the evening, when he regained the faculty of speech, but soon after relapsed into a comatose state. Clammy sweats broke out, his pulse became indistinct and intermittent, and his nervous energy almost exhausted, when a full dose of carbonate of ammonia was given him; he was also directed to take a small quantity of diluted spirit occasionally. These

* The tartrate of antimony was given, as it was on the spot, and that no time might be lost. The sulphate of zinc would have been preferred could it have been instantly procured.

stimuli proved of temporary good effect. The patient was kept in a state of forced activity till towards the following morning, when he was suffered to remain three or four hours undisturbed; after this he was awoke and seated in a chair, and a purgative draught was administered. The stupor and insensibility continued throughout the day; his hands were cold, and his pulse feeble, irregular, and intermitted at every fifth beat. In the evening he regained his senses so far as to be able to speak, and he walked his chamber with little difficulty. He also made several attempts to empty his bladder, but was unable to excite it to contract. The draught not having produced the desired effect, a stimulating clyster was advised, but from his being restless it could not be administered; the draught was therefore repeated. A short time after, as on the preceding evening, he relapsed into a state of insensibility, and continued in this state throughout the night. By the morning his pulse was scarcely to be felt, his eyes appeared sunk, and his countenance ghastly. Thus he remained till three, p. m. when his vital powers ceased to perform their functions.

The following day, with the assistance of my friend Mr. Doherty, whose anatomical knowledge I feel pleasure in noticing, an examination was made of the contents of the cranium, thorax, and abdomen, more from motives of anatomical curiosity than from an expectation of discovering novel appearances from the effect of a narcotic poison.

On removing the skull-cap, the vessels of the dura mater were observed much loaded, and coagulable lymph in considerable quantity was effused between the dura mater and tunica arachnoides. On attempting to raise the dura mater alone, it was found impracticable; the connection with the tunica arachnoides by means of the lymph being so strong; and the effusion also existing between the arachnoid coat, and pia mater, the three membranes were raised together as if they had been naturally united. With the exception of the lateral ventricles containing more fluid than is commonly the case, there was nothing further remarkable in the cavity of the cranium.

The semilunar valves of the heart were ossified, as was also the origin of the coronary artery. The mitral valves were in a natural condition. There was nothing preternatural in the appearance of the stomach. The corrugation, and slight inflammation which in similar cases have been observed, were not to be seen in this instance. It contained panada, &c. (what he had last taken) in an unaltered state. The presence of opium could not be detected. The spleen was unusually small, corrugated, and gritty on its surface.

From the intemperate life this man had led, a healthy condition of the liver was not expected; it was however of its natural size, color, and consistence. The bladder contained about a pint of urine. The opium appeared to have deprived this viscus of the power of contraction.

Falmouth, Feb. 4, 1804. JAMES CORNISH.

For the Medical and Physical Journal.

Observations on the Case of Ann Fooks, in Reply to Dr. Yeats and the Rev. Mr. Grimshaw; by Mr. JOHN PULLEY, of Bedford.

THE urinary aberrations of Ann Fooks have been a source of long discussion; and as they have afforded a stream still rolling upon us, a little time must yet be wanting to lead it to its ebb. Again, under matters as they go, I must exercise your patience, in vindication of truth, and the fair professional reputation of others and myself. The case of the afore-mentioned personage has originated a wide difference of opinion; such difference has produced discussion, and unavoidably of a controversial nature. The "complexion" of this controversy has been arraigned: it has been exhibited in dark colors; but I intreat any man *in his wisdom* to expound, under all the circumstances of the subject, how it could have differed. It certainly is much to be regretted that dispute has arisen; but, undoubtedly, it is not the fault of those who reject the reality of the case at issue. They sought not the controversy; they rested on their opinion, and would have remained in silence, had they not been goaded to the trial; but, having been compelled once to take the field, it will become their fault, and their stigma throughout life, if they shrink ignobly from the task imposed.

As a weariness may have arisen among some of your readers from this lengthened discussion, it may be matter of delight to them that a new character, in a double capacity, has presented himself to your notice. I allude to your medico-clerical correspondent for January. He has appeared before you as a physician and a minister of the gospel; he has given his medical opinion of the case in question, and offered his sentiments on the moral character of the woman. Had the Rev. J. S. Grimshaw, believing, as he must do, in the religious disposition of Ann Fooks, confined himself to the expression of such belief, the world would have seen him acting only according to the proper dictates of his holy office, and have applauded his intentions; but, unwilling to be circumscribed within the pale of his duty, he has become the champion

pion of Dr. Yeats and the advocate of his opinion. He has deprecated personality, and severely rebuked attack on reputation; but I challenge him to adduce a more unjust, illiberal, or personal thrust at the fair fame of any man, than he has made at Mr. Gibbon. He has also, indirectly, given a fling at every medical person who has *presumed* to differ with him and the doctor.

But the most important point is yet to be noticed. Mr. Grimshaw has introduced, with great solemnity, a conversation which passed between himself and the lady of the theme, concerning the proposed employment of the catheter; and I am sincerely happy to have it in my power to corroborate what Mr. Gibbon has advanced on that part of the subject. Ann Fooks and her mother both acknowledged to me, in the presence of Mr. Gibbon, that the latter, when he mentioned the introduction of the instrument, offered to send for Dr. Yeats, or any other medical gentleman whom they might think proper to appoint. They told me also that they would not consent to its use, as Dr. Y. had asserted that the operation might be fatal to her. I well recollect in what way I replied: my expression was not very refined; I told Ann Fooks that the passage of the catheter would have done her no more harm than eating a piece of bread and cheese. Here let me state, that I do not for a moment accuse the doctor of the ignorance and folly which they ascribe to him by the supposed fatality likely to arise from the use of the catheter; but that such were the expressions, I most solemnly declare. And, after this, without noticing other circumstances, what credit is due to the assertions of these impostors? The observation, that Mr. Gibbon desired his patient to "make haste" to vomit, is too ridiculous and contemptible for refutation; and any man must libel his own understanding, to make it a subject of serious accusation.

Mr. Grimshaw has hinged much on the unimpeachable moral principles of Ann Fooks; but if it be proved that she has imposed upon Dr. Yeats in one way, it is not difficult to imagine that she may have imposed upon the reverend gentleman in another. Mr. Gibbon's statement has decidedly established the imposition as to urinous vomiting; and the *pious sister* of Ann Fooks, the immaculate and miraculous Ann Moore, of Tutbury, has evinced to the world that such a quality exists as religious hypocrisy, capable of eluding, for a long period of time, the detection of honorable and discerning men. Mr. Grimshaw ought to have confined himself to the expression of his sentiments on the moral and religious character of the woman. How different has been the conduct of Mr. Richmond and Mr. Martin! Barring

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two or three objectionable words, they have not exceeded what may be considered as their duty; and in their performance of it they have been assisted by a third person, whom strangers, perhaps, will scarcely believe to be the identical Mr. Grimshaw who so unjustly and so profusely bespattered the character of Mr. Gibbon.

On reviewing the history of the diseases with which Ann Fooks is said to have been afflicted for twelve years, every one must be struck with the complication of her disorders and the heaviness of her sufferings; and it must be a matter of surprise to most persons that she has been able to sustain such unparalleled complaints. I have known her at least ten years, and am thoroughly satisfied that, at the period she was visited at Bedford by those medical gentlemen who signed the "written document," she was as fleshy in appearance as in the year 1804. We are invited to believe that but little, if any, difference exists between the terms "very thin" and "emaciation." Still, they carry a meaning of distinct import. A person may be *very thin*, yet possess the agility of a Vestris, and be able to wrestle with Herculean and Antæan vigour; but a state of *emaciation* implies *a loss* of flesh, which must arise from severe affliction or senescence. I allow that Ann Fooks may have been a weakly person for twelve years past; but I cannot admit that her afflictions have all along possessed such severity as related, as no human constitution could have resisted such formidable and continued maladies. She is reported to have labored for a great length of time under a "preying hectic," which, had it actually seized her frame, and maintained a long and obstinate abode, *must have shown itself by great emaciation.* On the 26th of June, 1812, not even the slightest tendency to emaciation existed. Her breasts appeared remarkably healthy: they were round and firm, and more prominent, as I observed in my former paper, than what is generally observed with women of her form. This state of the body was witnessed by Drs. Kerr and Alvey, and Messrs. Short and Gibbon, as well as by myself. Ten days subsequent to this period, Dr. Yeats asserts that her breasts were flaccid. In the interval, it does not appear that her general condition was at all altered. I must, therefore, leave it to the medical world to explain by what operation the flaccidity arose in ten days, which could not be effected by the most wonderful sufferings of ten years duration.*

The doctor has repeatedly used the term hectic, and, if

* Lucy Foster became much emaciated.

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he means to apply it to prove the inroads which were made upon her constitution in the former years of her illness, I have to answer, that no visible signs of greatly-impaired health were extant; but, if he intends by "hectic" merely to say that she was in a bad state of health, I admit the propriety of the term. I employed the same word, with the latter signification, when she was under my care at the Bedford Infirmary, because her symptoms were various, and I could not have given a concise designation of her state without omitting the mention of one or other of her complaints. But, during her residence at the Infirmary, she had no "preying hectic," nor was there the least appearance of her indisposition leading to dissolution. Her own report of her sufferings created suspicion in my mind long before her admission into the Infirmary. I recollect once visiting her, at her parish at Wootton, when she informed me that the previous day she had coughed up much more than a pint of blood.* About this time, I know that she had a slight spitting of blood, as I saw her expectorate some small portions mixed with mucus. But, at the period of the above visit, she had no symptoms of irritation, as must inevitably have attended a profuse sanguineous discharge from the lungs; *and on the day subsequent to such visit, she walked from her house at Wootton to Bedford, and returned home on foot, a distance of at least eight miles, without much time for resting, as I met her on the road both going and returning.* I know also, that from such time she was often accustomed to walk to Bedford, as I met her frequently.

An admirably precise account is given of the various turns of vomiting, with and without the aid of emetics; and it strikes me that this part is as dexterously planned by the woman as any portion of the fable. It gives a feature to the tale; and not a stone is left unturned to establish the validity of this marvellous case. We have adduced two or three instances of suppression of urine, combined with vomiting of blood; and because Ann Fooks is said to have endured the like symptoms, it seems to be hoped, although it is not expressed, that such coincidence may be insinuated as a lift to the probability of her story. She may have had suppression of urine and vomiting of blood, as well as the other instances. Let these circumstances be admitted; the doctor is welcome to the admission; they have their limit, and cannot avail him. They go not one step with him to prove the vomiting

* Dr. Yeats will recollect my mentioning this circumstance to him the day on which we visited Ann Fooks.

of

of *pure urine.* Besides, it is not difficult to show why vomiting of blood should sometimes be connected with suppression of urine. The stomach is known to sympathize much and powerfully with all organic mischief, and in no instances more particularly than under affections of the urinary viscera. When suppression of urine arises from any cause, whether accompanied or unattended by secretion, vomiting, violent and frequent vomiting, will commonly supervene. Such repeated exertion must consequently induce a determination of blood to the part; and the ultimate result, where a laxity of vessels exists, may be a rupture or ulceration of one or more of them, and sanguineous effusion.

Still bearing on the case of contention, the doctor informs us that, on vomiting, the stomach did not altogether subside, but became hollow at its upper portion; and here he introduces a note, extracted from a paper by Sir Everard Home, contained in the Philosophical Transactions for 1808. Why is this quotation given? It must be to defend the possibility of vomiting *pure urine;* or it signifies nothing. But, if it be intended to prove this, it is as utterly unconnected with it as a bubble floating in the air. The remark of Sir E. Home applies to fluids admitted into the stomach through the medium of the mouth; Dr. Yeats's case allows only the consideration of fluids sent to that viscus by secretory or exhalent action: before, therefore, he can bind his quotation from the above paper to lend him any thing in argument, he must prove that the cardiac portion of the stomach only possesses a secretory or exhalent office. The doctor has again, with the same view, erroneously referred to the like quotation, at page 106 of your last Journal.

In another part we are acquainted that "the stomach never entirely subsided during the time of the suppression;" but that "it formed a reservoir for the reception of morbid secretions of its own disease, as well as of the urine." Yet Mr. Gibbon has positively stated that he examined the woman when no tumefaction existed; and at which time she had passed some days without vomiting urine. Be it admitted that the stomach is diseased; I am ready to allow it; but even were the doctor to prove the occasional residence of urine in that organ, I should be very slow to believe that it could at all times be found distended by that fluid or the "morbid secretions of its own disease." The existence of flatus, ever generated from a much impaired tone of the stomach, would more probably originate and continue a state of distention than one or the other; but even this could not always be operative, and Mr. Gibbon has proved by ocular

ocular and tangible demonstration that the epigastric region was occasionally in a state of subsidence.

I have offered my theory concerning the vomiting of urinous particles with other matters, and although *facts** are of more "avail than any theory," let such theory be assailed by good argument, and by facts, well, thoroughly, and incontrovertibly established. The case of Ann Fooks will never shake it: it is founded on anatomy and the *known* laws of the animal economy; and whatever may have been the torpor of her glands, and the suspension or alteration of their secretions, so ingeniously hinted, and so exactly suited to the trying exigencies of the moment, she never could have vomited a quantity of pure urine. This liquid, *having once entered the circulation, and having become an intimately-blended part of the circulating fluid, must, at all times, have been disseminated through all parts of the system, and have been evacuated without the perfect character of urine.* Besides, it is confidently stated that the great distension of the stomach, and which never subsided, "was evidently owing to a collection of *great* morbid effusions into it." How was it then that such great morbid effusions could remain snugly and quietly in the stomach, exhaled, or secreted, like the urine, and as likely as the urine to give offence to their habitation, while the urine was freely and almost constantly discharged?

When Mr. Gibbon found that strong persuasive attempts could not influence the daughter and the mother to consent to the introduction of the catheter, he hinted a determination to expose their system of imposture. What was the consequence? In a short time she lapsed into a state of insensibility; for a few days she labored under stupor or delirium, and then, as if a talisman had dexterously touched her body and bid the waters flow, her urine returned to its right abode, and deigned to be expelled as nature has directed! The dream was at an end; stupor and delirium instantly suffered reason to assume her throne, and, thenceforward, the catheter was balked of its useful assistance at detection, and the residence of the food was relieved of the intrusion of an unnatural and unwelcome guest.

It appears that Elizabeth Triplow, and Lætitia Clarke, were the persons who played so conspicuous a part in the *honorable* and legal attestation of a falsehood. Like Ann Fooks, they imposed upon all around them. One swore positively that she personally witnessed vomiting of urine; the

* Has Dr. Yeats given us *the whole* of Dr. Girdlestone's observations on the Yarmouth case?

other, that she saw vomited a dark slimy matter, possessing a nauseous smell, like strong urine. One saw the crow actually take flight from the stomach; the other caught a glimpse of something as black! They took the oaths with great readiness, and with every appearance of truth; so says Dr. Yeats. But Mr. Short and Mr. Gibbon most distinctly affirm, that these women had previously informed them that they *never beheld any thing of the kind.* That these gentle and accommodating creatures swallowed the oaths with "great readiness, and with every appearance of truth," is not to be questioned. Indeed, I doubt not that they performed the ceremony as glibly and as readily as they would have accomplished the deglutition of an oyster. It is reported, that in London certain persons are found, on particular occasions, perambulating the precincts of our courts of justice with straw in their shoes—I advise the good Elizabeth and Lætitia to become companions of *the order of the straw*, and recommend their friends to propitiate their undertaking, and lead them to the purlieus of the Old Bailey.

An endeavour is still made to impress the minds of the public with the belief that the opinion formed on Ann Fooks's case by the medical gentlemen who differed from Dr. Yeats, was intended to apply to all instances of vomiting of urine. It is astonishing that the doctor can yet persist in this insinuation. I was one of the five medical characters opposed to him in the question, and he has acknowledged that I stated to him an opinion of urinous vomiting, similar to what I have described in my paper already published. Why, then, should he desire it to be understood that I could set my signature to a document, disclaiming, according to his erroneous judgment, even the idea of the discharge *of urinous particles* from the stomach?

With respect to Dr. Senter's case, it is argued that a stone might probably have existed in the bladder at one period, and have disappeared totally on examination after death. I dissent from this doctrine, especially in the case at issue. I do not believe that a calculous concretion, formed for a length of time, and distinctly tangible on repeated trials, could be so friable in its composition and all its parts, as to be easily crumbled and altogether evacuated with the urine. Nor is it probable, even if Lucy Foster vomited *pure urine*, that sabulous matter also should have been ejected from the stomach, as with her the urine often remained many hours in the bladder, and, consequently, much more than sufficient time was allowed for the formation and deposition of sabulous particles. It is observed in all cases where a strong tendency to the formation of calculous matter exists, that it rapidly

rapidly takes place. It seems to arise almost instantaneously on the secretion of the urinary fluid, or the infundibula and pelves of the kidneys would not sometimes be found choked with it, in a concreted state; nor should we meet with those frequent instances of pain from the passage of a stone along the ureter. I have admitted that *urinous particles*, combined with other fluids, may be exhaled into the stomach and all other cavities of the body; but I have denied, and still deny, that urine, in its pure and unadulterated condition, can be so deposited.

Dr. Yeats asserts that "the component parts of urine *in solution* is urine," and that "nothing else can be made of it." Surely, the doctor is here quibbling in his reply to me, hoping to catch me trippingly in fault. I perfectly agree with his subtile definition of urine, as we find it flowing from its natural parts, subsequent to natural and healthy secretion; but, if he intend to tell me that *urinous particles*, when absorbed from the bladder, exhaled into the stomach, and evacuated at the mouth with other fluids, constitute vomiting of *pure urine*, or can be considered as urine, I deny the truth of his argument. Nothing can be pure in its nature and condition that is mixed with other substances. If a drunkard went into a tavern and called for a gill of brandy, would he give to it the name of the spirit if it smacked but faintly of his potent charm from being adulterated with other liquids? or, if I offered to the doctor a piece of money, composed of some base metal and a little gold, would he call it a guinea, and take it as the sterling representative of one pound *one?* I do not credit the report of Lucy Foster having vomited, in any way, an urinous fluid, unmixed with other matter; but, if she drank her urine, Dr. Y. does "not see how it was to be vomited unmixed with the contents of the stomach, taken in this way, any more than when it is passed into the stomach by the animal economy." Yet, in a former part of his paper, he has taken great pains to show how this could be effected, which will be readily perceived by referring to his note in page 21 of your Journal for January. In my prior communication, I purposely abstained from remarking on the discharge of urine from the navel, because Dr. Senter has not stated that he, or his medical friends, were evidences of the *fact*. We are told that no urinous fluid was discovered after death, as it was *all* discharged by vomiting and purging previous to dissolution. This may pass tolerably as an apology for the emptiness of the stomach and intestines; but how is it, that no taste or smell of urine existed in the several hydatids attached to the tubæ fallopianæ, and the enlarged ovaria, which contained a quan-

tity of limpid fluid, and whence the liquids, *unfortunately*, could not escape; nor were they injured and disguised by fætor, or by gangrene? I respect the name of Dr. Simmons, but I care not in what way he, or any other man, has estimated the "judicious remarks" of Dr. Senter. I repeat, in substance, what I have before stated, that the case is negligently drawn up, and that his observations at the conclusion of it are wanting both in science and judgment. I trust that this avowal will not, among liberal and candid minds, be thought improper. But I am accused of "blowing the breath of displeasure," and entertaining "disregard" for departed worth and excellence. I repel the charge with an honest conviction of its injustice; yet, at the same time, let it be distinctly understood that I am in the habit of thinking for myself, and shall not esteem it requisite to yield to the errors either of living or departed greatness. I may admire the genius, the erudition, and the style of Dr. Johnson; but it follows not that I am to subscribe to his failings, to become blind to his weak and puerile superstition. Men may be good and great; they may be amiable in disposition and excellent in understanding; yet still they are mortal, and liable to all the infirmities of their nature, consequently they must have a portion of error inseparable from their being. A generalissimo, though full of tactic, and hot to seek "the bubble reputation even in the cannon's mouth," may sometimes be found wanting at the hour of battle; an archbishop, though possessing much of the spirit of divinity, may not always be right in his scriptural annotations; and those great and good men, so extolled by Dr. Yeats, whose opinions, in general, are valuable, and whose characters are estimable, may have sometimes erred in their physiological and pathological remarks. Had I possessed the power, I have not the inclination, the folly, or the infamy, to attempt to raise myself by depreciating the reputation of other men: such conduct I disclaim, and I give to it my most unqualified abhorrence. But, though I revolt at such unmanly and inglorious proceeding, I will not yield to the presumption of the great fame of any man. I venture to hope that I know a little of my profession; and, surely, it is not too much to ask that I may be permitted to give an opinion. If I do this, it is done openly, it is before the public; and if I hazard, or have hazarded, a notion which cannot be maintained, let it be fairly canvassed, and candidly and manfully run down by the force of argument; but do not let great names, however worthy and exalted, be held up as bugbears to scare the reasoning faculty of man, and overwhelm the right of discussion. I repeat, that I have offered a theory

on the vomiting of *urinous particles*, founded on anatomy and the *known* laws of the animal economy. Let it be refuted.

Bedford, Feb. 8, 1814. JOHN PULLEY.

For the Medical and Physical Journal.

Review of the Case of Ann Fooks, with Arguments to prove her having practised a Deception; by Mr. JAMES GIBBON.

IT was my intention to have offered some observations upon the whole of the communication from Dr. Yeats, in your two last Journals, respecting the case of Ann Fooks; but, to my great astonishment, I find such a variation between the published case and a manuscript copy of it, which he favored me with, that I am at a loss how to proceed. More especially have I reason to be surprised at this circumstance, because Dr. Y. has repeatedly observed, that her story never varied, and that he had always found her strictly consistent, although I have reason to think far otherwise. He has assured me, that in repeating her *longest stories* about her *great diversity* of *feelings*, she has scarcely varied a syllable. The Rev. Mr. Grimshaw likewise lays great stress upon the correctness and tenacity of her memory.

When I was called upon to give some reasons why I could not believe the assertions of A. F., I thought it proper to send Dr. Y. a copy of the statement I wrote out. In this statement I did not mention his name. I considered the young woman as being so much under the care of the druggist, as not to make it necessary that Dr. Yeats should be implicated; and should it be satisfactorily proved that he was imposed upon, it would then only have excited a passing smile at the expence of his discernment. He has, however, provoked a controversy, and now accuses me of being the offender.

In consequence of my sending this statement to Dr. Y., he in return sent me his case-book, which, he assured me, contained the *whole* of Ann Fooks's case, to the 5th of May, 1812. The history of her complaints, as there related, agreed so well with the report that she made to Mr. Williams and myself, that I was at the trouble of taking *a full and correct* copy of it. This was done on the 23d of June, 1812.

The variations* may appear trifling to Dr. Y., but to me

* In the original history that Dr. Y. took of this case, there was mention made of vomiting fæces; as I think would be evident to any who might be permitted to inspect his case-book.

they

they appear far otherwise. In my first paper respecting the case of A. F., I have alluded to this, his original history of her case. Dr. Y. will possibly remember, that he assured me the whole of his notes upon the case of A. F., as taken from her own mouth, at her bed-side, would be found between those leaves of the book which he had doubled down. I copied the whole, which reached to a MUCH LATER PERIOD than that which relates to the additions and alterations that I now refer to. Having sent my statement to Dr. Y. without any injunctions, I feel myself at liberty to ask him, if he can satisfactorily account for these changes, without calling into question the uniform consistency and correctness of A. F.'s memory?

Reserving, therefore, some observations, which I should have thought it incumbent upon me to make, respecting the former part of the case, I will proceed to remark upon the latter part of it.

I readily acknowledge that Dr. Y. evinces much *ingenuity*, and still more plausibility, in the paper before me.

In reporting so long a train of dreadful, and generally incurable symptoms, as concurring in the solitary person of A. F., he must needs have the sympathies of every humane heart. It affords me, therefore, some consolation to be able to assure every person, who may feel interested in the result of the controversy, that this young woman is not more likely to die than Ann Moore of Tutbury was, nor even than Dr. Y., or myself.* This opinion ill accords with the repeated prognostications of Dr. Y.; nevertheless, I will venture to give it in the most unequivocal manner. I am not singular in this opinion.

Upon a hasty reading of his long paper, any person might be induced to suppose that Dr. Girdlestone, Mr. Short, and Mr. Leach, really believe in the tale of urinous vomiting, as related by A. F. I have reason to suppose they utterly disbelieve it. In this paper I shall have occasion to mention the sentiments of Mr. Short upon the subject.

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* In making this bold declaration, I mean that there is, in my opinion, no symptom of dangerous disease existing in her person, at this time. I deny not but that she may be weakly. Most satisfactorily, however, has it been proved to numbers of persons, that the positive declarations of Dr. Yeats, as to the extent of Ann Fooks's danger, were incorrect. Did she exaggerate, or did Dr. Y. betray a want of medical discernment? The sickly, not the robust, are the most likely to submit to the inconveniences of a feigned and exaggerated illness. But not on this, or any other account, must medical men shut their eyes.

With

With the view of ascertaining that Sarah Triplow, and Lætitia Clarke, were the identical women who positively confessed that they knew nothing about the urinous vomiting, when first questioned by Mr. Short and myself, very soon after the time of its reputed occurrence, I went with Mr. Short this day, Feb. 5, 1814, to their respective houses. We saw them, and ascertained that they were the same persons. Mr. Short and I can testify that they did, upon a second examination, when Dr. Y. was present, most grossly prevaricate. They persist in their self-contradiction.

Let it be clearly understood, A. F. and her mother expressly said to Mr. Short and me, at the time Triplow and Clarke were called to substantiate the assertions of A. F. respecting the urinous vomiting, that they, A. F. and her mother, knew of no other person who had witnessed its occurrence. Hannah Dennis is now brought forward. In addition to the testimony which she was ready to depose before Dr. Yeats, as mentioned in page 118 of the Journal, she told Mr. Short this same day, Feb. 5, in my presence, that she could also depose to having witnessed the movement of the urine, from the swelling of the stomach, to the region of the bladder, by its softening effect, upon the former hardness or rigidity of the lower belly. No doubt, this addition to the evidence which Dr. Y. reports, was made with the view of adding to the importance of the testimony. I ought to apologize for filling your Journal with such trifling matter, but the conduct of Dr. Y. compels me to notice these appendages to his case; and therefore would inform H. Dennis, that Dr. Yeats and I witnessed the existence of this hardness of the lower parts, some weeks after she declared it was effectually removed.

I had long ceased to visit Ann Fooks, but, in consequence of her lodging with S. Triplow, I had an opportunity of seeing her with Mr. Short this morning. Mr. S. questioned her respecting the assertions she formerly made to him about the use of the catheter, and he can testify that she now denies them, yet she is said to have a correct and unerring memory. I could also state upon oath (Dr. Y. being fond of oaths) that A. F. and her mother did this day most grossly (and I suppose wilfully) contradict many of their former assertions made to me, respecting the introduction of the catheter, and Dr. Y.'s observations thereupon.

Mr. Short assures me, that he is as much as ever of opinion that A. F. acted deceptiously in respect to urinous vomiting. I argue for no more.

It is wrong for Dr. Yeats to persevere in misrepresenting the intentions of the parties who signed the "Document."

By

By what construction of language can it be made to mean, that we declared it was impossible for urine ever to be vomited? He ought to recollect, that we only mentioned the impossibility of the occurrence, in the manner, for the period, and with the consequences, that are reported by A. F.

I might challenge Dr. Y. to bring forward one respectable medical character who will undertake to say, that it is possible for a person to exist *ten years* in the dreadful state of suffering which A. F. declares she underwent; and then exhibit such incontestible proofs of a well-nourished, and comparatively healthy body, as she did, at the period of the consultations, which were held soon after the cessation of the repeated urinous vomiting.

I could enlarge very fully upon the subject of altered secretions and vicarious glandular actions; but it is more incumbent upon me to notice the facts of this curious case.

Who would, or ought to believe, in the relation of A. F. and her mother, without demonstrative evidence of its truth? Mr. Williams and I sought for such evidence, with great diligence, but it was not to be found.

I appeal to every candid, judicious, and experienced medical man, whether I ought not to declare the firm belief I entertained of the deception of A. F., when such irrisistible grounds for suspicion presented themselves, as I have reported in my first statement.

Mr. Williams and I were proceeding, step by step, to unfold the mysteries of this case; and only made such slow progress, because A. F. with great adroitness managed to prevent us, by earnest entreaties, from declaring to other medical men our decided opinion, until she thought she could contrive to prevent a glaring detection. More promptness on our part would have settled the question for ever.

Dr. Y. has wandered wide into the field of theory, and has given the public a most marvellous story upon the bare assertion of persons whose testimony ought, in a case like this, to be received with caution, even if there was no ground to suspect deceptious motives. Dr. Y. cannot inform us that the mother of A. F. is a person whose testimony ought to be received, without the greatest suspicions.

I repeat, with certainty, that if A. F. could eat and drink no more than Dr. Y. supposes, there must, for a long time, have been very good cheer for the mother and her neighbours.

Dr. Y. must acknowledge that his own memory is rather incorrect, because he denies that the medical men who signed the document on the 26th of June, 1812, had ever met

met before. They all met, and he was of the party, twice during the preceding winter, at the Bedford Infirmary. He perseveres in saying it has an ungracious appearance. I should have been wanting in justice to myself, and in justice to the public, if I had omitted so fair an opportunity of obtaining the sentiments of two of the most respectable medical characters in this part of the kingdom, upon such an extraordinary case. I may say further, in vindication of these gentlemen and myself, that Dr. Yeats is not authorised to make the observations he persists in doing, upon the subject of this medical meeting.

I regret to appear unnecessarily prolix, but as A. F. managed to elude detection by such positive evidence, as was obtained in the case of A. Moore, I am compelled to dwell fully upon the circumstantial evidence which exists against her.

(To be continued.)

For the Medical and Physical Journal.

Curious Mode of curing Diseases, practised by a Tribe of North-American Indians.

A METHOD of treating sciatica and chronic rheumatism, by means of exciting perspiration by muscular action, with increased quantity of clothing, was noticed in No. 175, p. 235, of the Medical and Physical Journal. It was suggested to the patient, as Dr. Marcet relates, by a celebrated horse (Vandyk) having been cured of a disorder resembling rheumatism, by sweating in body-cloaths. There is little doubt but this simple remedy may be resorted to in many cases where it is an object to excite perspiration, without injuring the functions of the stomach by the strong medicines usually prescribed on such occasions, under the term of sudorifics. But many cases occur in which the weak condition of the patient would not admit of exercise, with great increase of cloathing. In such circumstances, a practice which obtains among certain tribes of North American Indians, might, perhaps, be practised with advantage by more enlightened people. Father Hennepin, whose book of travels has now become scarce, describes his situation as a prisoner to a savage tribe on the banks of the Mississippi river (or, as he writes, Meschasipi). He was marched during a journey of several days continuance, suffering every species of hardship, till he arrived at the residence of the Indians, when he had the good fortune to be adopted by one of the chiefs. But in consequence of his fatigue and endurance,

durance, he was in a very weak and lame condition, and was immediately subjected to the following curious but successful mode of cure.

"This new father of mine observing that I could not well rise without two or three to help me, ordered a stove to be made, which he caused me to enter stark naked with four savages, who, before they began to sweat, tied their *prepuces* about with certain strings made of the bark of a white wood. This stove was covered with the skins of wild bulls, and in it they put flints, and other stones, red hot. They ordered me by signs to hold my breath, time after time, as long as I could, which I did, as well as those that were with me. As for the undecent parts, I had only a handkerchief to cover me. As soon as the savages that were with me had let go their breath, which they did with a great force, *Aquipaguetin* (the Indian chief) began to sing with a loud and thundering voice; the others seconded him; and laying their hands on my body, began to rub it, and at the same time to weep bitterly. I was like to fall into a swoon, and so was forced to quit the stove. At my coming out, I was scarce able to take up my habit of St. Francis to cover me withal, I was so weak. However they continued to make me sweat thrice a week, which at last restored me to my pristine vigor, so that I found myself as well as ever."

If we separate the only useful part of this treatment, viz. the heat and the friction, from that which is superstitious and savage-like, the tying the prepuce, the singing and the weeping, we shall have a rational practice which may be successfully pursued in many cases. I would specify the diseases alluded to in the beginning of this paper, sciatica and chronic rheumatism, stiffness and enlargement of the joints, where acute inflammation was not present. It might also be useful in certain female obstructions, where the constitution is cold and phlegmatic; and in most cases where the warm or vapour baths are adviseable. S. L.

London, Feb. 12, 1814.

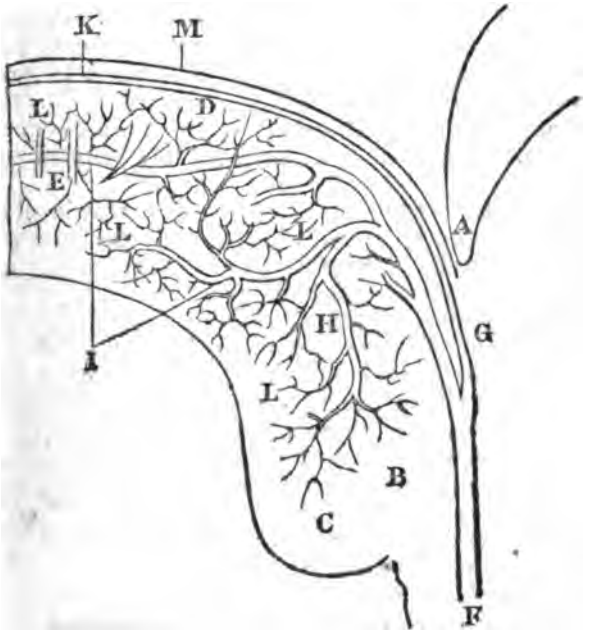
For the Medical and Physical Journal.

Observations on peculiar Diseases incident to the Sexes of the Human Species; by ALEX. RAMSAY, M.D.

THE MALE SEX.

MANY years since, when I gave lectures on the physiology of the human organs, in Surgeon's-square, in Edinburgh, I illustrated the error of authors, in assigning the erection of the penis to the compression of the vena ipsius

ipsius penis, by its approximating the os pubis. I grant that erection causes compression; but what gave rise to erection? Compression is an effect of a preceding cause. Since the period I mention, the ingenious Messrs. Bell and Fyfe have given descriptions analogous to the following demonstration, in their systems of anatomy; but the ancient doctrines were universally detailed at the time I gave my first lectures on the subject. The inductions, however, depending on the structure demonstrated in the annexed diagram, become the object of the following observations. Priapism, a malady so very universal, teasing, and mistaken, seems explicable from the phenomena of the diseased state of the arteries distributed in the body of the penis.



A, is the os pubis; B, the crus penis; C, the bulb of the urethra; D, the external, dense, and elastic substance which composes the outer surface of the body of the penis; E, the frenula which regulates the distension; F, the root of the arteria penis; G, ramus of the dorsum, continued to the glans; H, ramus of the urethra, spread upon the cells; I, rami of the body, diffused upon the cells of the body of the penis. The ramus G seems the proper arteria nutritia of the organ; its rami anastomose with each other and the

veins. The rami H, I, seem the erecting or distending causes; they do not anastomose, but possess absolute open mouths, which effuse the arterial blood into the cells: thus erection is effected, and the compression of the vena ipsius penis is merely a subsequent consequence; we can effect this by injection of the artery.*

If I am correct in the notion of the entire structure of this organ, the phenomena of erection seem the following: the external, dense, elastic substance K, presents three phenomena; 1st, it is susceptible of a physical collapsed state when unexcited; 2dly, it is susceptible of being distended when forced by the effusion of the arteries into the cells L; 3dly, its elasticity occasions its return to the physical collapse when the orgasm has ceased, thus forcing back the blood from the cells into the veins M. The elasticity mentioned, united to the bridles which restrain over-distension, seem to occasion the smallest given quantity of blood to produce the intended distension. This distension occasions the diminution of the urethral capacity, presents a direct course for the emitting fluid, and increases the impetus of the semen.

Mankind at large unfortunately believe, that involuntary erection is not only a test of vigor, but that this consequently entitles them to indulgence in coitus. Nay, many expect they do themselves good thereby. The very reverse is the fact; involuntary effusion causing erection is a state of debility, and indulgence aggravates the malady. We cannot suppose that in articulo mortis there is a state of vigor, yet erection often takes place by the debility of the arteria penis; in fact, all involuntary phenomena are disease. I knew an instance of this erection in articulo mortis in the case of a catholic priest, of singular temperance; and very chaste persons often experience a contrary effect to that of priapism; there are none, however, more liable to fruitful coitus. Erection is an organic affection, often from a perverted intellect connected with a sterile seminiferous system. Persons laboring under the complaint of priapism, ought to apply cold water to the organ, abstain from excess, and resort to a tonic regimen, regulate the passions, &c. It is astonishing how soon some people recover from this disease by this means; man is the only animal that uses coitus where nature does not require it, or rather, I should say, forbids this function when

* In experiments on the ape species, and feeble salacious human subjects, I found that the arteries effused the injection with great facility into the cells. The injection I use shall be given in your next Journal if possible.

conception

conception is effected. The Mahometans affront Christians in those points; and indeed they are so chaste, that the mind receives no excitement through the medium of the generative organs. Females who indulge in these gratifications are subject to abortion; and men to early sterility and palsy.

I find many complaining of what they name rheumatism, assignable wholly to this practice; and the practitioner easily discriminates this, by the pain being dull, and rather a want of power in the member suffering. I have many instances of patients completely recovering by observing temperance.*

For a great number of years I have demonstrated an enlargement of the spermatic cord by fatty deposition, which gradually dilates the ring, and predisposes to hernia; this is usually the attendant of a lascivious disposition, and is often accompanied by herniæ. I know that a learned and liberal world will forgive me, in offering a hint on herniæ which struck me on occasion of my being called in to a very obstinate scrotal case. The rupture was an old case; many however die by protracted stricture even in old age. How would it answer in such an instance, to make a bold incision, extirpate the testicle, return the intestine, and excite accretion of the scrotum? or in young men return the testicle (which would perform its office perfectly well) with the gut into the abdominal cavity, and by inflammation obliterate the scrotal cavity? Adhesion of the ring does not seem so invulnerable as this plan, where there is no exit for the gut.

THE FEMALE SEX.

Mankind may, in extenuation of their folly, plead a number of apologies for their misconduct; but, surely, the human species, especially woman, experiences no organic furor naturally. The connexion of the sexes in human nature seems rather an intellectual passion, in *temperate climates in particular*, than an animal appetite, till perversion inverts the laws of God. In man, the sexes are attracted from sentiment, not from sensation of organic principle; hence I find some savage nations very indifferent to the sex, as well as idiots. Furor uterinus is not so unfrequent, even in Europe, as some imagine. In ardent climates, where idleness,

* Nature is the work of a *wise God*—every agent is formed for and adapted to efficiency, and every organic exertion which oversteps these sacred limits, perverts and deranges organic structure, induces debility, precludes those principles on which health and pleasure depend, and promotes those convulsive actions which give rise to pain.—Vide Dr. Ramsay's first Fasciculus of the Anatomy of the Heart and Brain, *note*, p. 6 and 7.

romantic

romantic fancy, luxury, and want of principle, unhinge all the laws of nature and religion, this direful evil is frequent: I have often traced it from early and persevering licentiousness; the male becomes sterile, yet continues lascivious, the error originated always with the male. The nymphæ and clitoris of the female are constructed similar to the penis, and are highly vascular; the vessels become relaxed, are morbidly excited, predisposing them to be thrown into a similar state as those of the male in priapism. The idea of intellectual passion has now, *if any*, a very feeble share in the excitement; appetite becomes the primary cause, as in the brute; the case becomes very obstinate: old men, connected with young women, often occasion this lamentable evil. I firmly believe, that, in both cases, temperance being observed, joined to a tonic regimen, conception would put a period to furor.*

Practitioners in warm climates, by a little attention to the symptoms I have mentioned, (to the pain in the cerebellic region, megrim, pained eyes, their tension, morbid phantoms of various colors, clouds, &c. false rheumatism, &c. in the female as well as the male,) may put a period to lamentable individual and family calamities.

No. 3, Villa Place,
Walworth Common, London,
Feb. 10, 1814.

ALEX. RAMSAY.†

For the Medical and Physical Journal.

A Case of Fracture, attended with Symptoms of unusual Violence, relieved by an extensive longitudinal Incision through the Fascia of the Limb; by Mr. MACKESY, of Palermo.

THE severity of symptoms, and formidable appearance which marked the following case of simple fracture, together with the mode of treatment found effectual in their

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* It may be proper to inform the reader, that my giving lectures on the animal economy, not only in America but Europe, to select companies of gentlemen, brought me extensively acquainted with the facts stated. In temperate climates, among the Portuguese, British, &c. priapism seemed more prevalent than furor: in ardent climates, furor came more frequently before me than priapism.

† The author is engaged in an extensive work upon the Anatomy and Physiology of the Human Body; in the third fasciculus of which, the preceding subject will be more fully explained. In the mean time, a favorable opportunity is offered for discussing the hints which are now suggested, and which are supported by considerable experience.

relief,

relief, may entitle the particulars relative to it to more attention than such occurrences usually demand.

John Creighton, private in the 1st battalion 62d regiment, aged 18, of no remarkable temperament, was admitted into the regimental hospital on the morning of the 19th of April, 1813, with simple fracture of the tibia and fibula in the small of the leg, near the ancle; but as tumefaction had already set in, the exact place of fracture could not be accurately ascertained. No very remarkable pain or symptom was present. The knee being moderately bent, the limb was laid on its outside in an easy relaxed posture, the many-tailed bandage was used, and the limb dressed in the usual manner; a weak saturnine solution was ordered to be occasionally applied; the tapes of the splints were loosely tied.

April 20th.—Violent pain of the limb came on in the course of the night, the swelling and tension had considerably increased; inflammatory fever, with its usual concomitants, a hot dry skin, florid countenance, quick hard full pulse had commenced. Forty ounces of blood were immediately discharged, and ℥ifs Sulphat. Sodæ given; the tapes were thrown open, the upper splint removed, and the tails of the bandage undone. The saturnine solution continued.

21st.—The pain of the limb was increased; fever very considerable; the neighbourhood of the fracture exhibited a slight livid appearance; and several vesicles had already formed round the injured part.

℞. Fiat Venæsectio ad ℥xxxxvj.
Habeat Vespere Tincturæ Opii gtt. xxx.

22d.—The pain and fever were more moderate; he slept a little during the night; the vesicles had become larger and more numerous.

℞. ℥j Sulphat. Magnesiæ statim.

23d.—Every distressing symptom had now returned with redoubled violence; the pain and tension of the limb were so excruciating as to produce the greatest torture; the livid color was evident all round the injury; each vesicle was become more enlarged, with a dark base; and they now extended over the instep to the points of the toes; every appearance indicated the near approach of gangrene, and the occurrence of tetanus was apprehended from the violence of the patient's sufferings.

Such were the threatening symptoms on the morning of the 23d, when, with a common scalpel, a longitudinal incision was made, about nine inches long, on the inside of the limb, commencing at the swell of the gastrocnemii muscles, passing directly over the malleolus internus, and terminating in the sole of the foot. It was of sufficient depth

in some part of its course to divide the fascia. There was immediate retraction of the tense integuments, and two small branches of an artery sprung, which were allowed to stop of themselves. The relief in consequence was immediate: the violent pain and burning heat instantly subsided, and the poor creature was now removed from a state of the utmost torture to that of comparative felicity. Sixteen ounces of blood were taken from the arm, a well-made emollient poultice was applied, and the patient left to repose.

24th.—Morning visit. Had a good night's rest; free from pain, and the febrile symptoms by no means so considerable.

The sequel of this case is too unimportant to merit minute detail; it is enough to observe in general terms, that from this date there was no return of pain, or of any alarming symptom. The fever had quietly subsided; the vesicles broke, and discharged their ichor; the hard cuticle peeled off; the bones united; and the scar healed in the usual manner. The patient was discharged to duty on the 30th of June, without the limb suffering under any remaining deformity.

When the tumefaction of the injured part was reduced, the form and direction of the fracture could be traced, and were peculiar. In the fibula it was transversely, about two and a half inches above the joint.

The seat of fracture in the tibia could be distinctly felt in the shape of a groove on that face of the bone between the malleolus internus and the sharp angle which forms the shin: it descended into the joint, and proceeded upwards towards the knee, along the length of the tibia about seven inches, sloping gradually outwards towards its termination, giving to the upper part of the fracture a slender scolloped point. The violent attendant symptoms may be justly attributed to this peculiarity of the fracture—its extending into the joint, and continuation along the length of the bone.

In the present improved state of the practice of surgery, it would be presumptuous in me to claim any merit for an idea which has occasionally directed a similar mode of treatment even in the rudest periods of the profession. My object in marking the case is to rescue from oblivion an important fact; and to point out the utility of a bold extensive incision, even in simple fracture, where, from the violence of inflammation or excess of irritation, suppuration or gangrene are threatened to ensue. The manner of its acting in liberating the suffering part, is too obvious to require observation.

Nor does this mode of proceeding militate against the ideas of the celebrated Pott. His disapprobation is directed against a superficial incision, or trifling scratching of the surface,

surface, which to a limb in high action must inevitably add to every distressing symptom.

Before I conclude what may be deemed an important subject, I would hazard the opinion that in such cases as the present, the much talked of and much blamed fascia is not so much in fault. I should rather attribute the binding and stricture of the injured part, in a great degree, to the rigid unyielding state of the external integuments, now rendered tense and turgid with blood and serum, from increased vascular action. This, however, must greatly depend on the structure of the part where the injury may be situated.

Palermo, JOHN MACKESY,
August 1, 1813. Surgeon, 62d Regt.

For the Medical and Physical Journal.

Essay on some Diseases of the Heart; by the CHEVALIER PELLETAN.

State of Inertia or Palsy of the four Parts of the Heart.

A MAN thirty-six years of age, an Irishman by birth, five feet seven or eight inches high, was of an athletic frame, and a countenance strongly colored. His character and his passions were in exact relation to his organization. Watching and play, women and good cheer, hardly sufficed for his prodigious activity.

Carried away by the revolutionary torrent, he had received an important mission to Saint Domingo, about the end of the reign of Louis XVI. The system which followed extended almost immediately to the place of his mission, and caused him the greatest difficulties and calamities. Brought back by authority to France, he was three times cited before the revolutionary tribunal, and each time owed his safety solely to the vigour of his eloquence; his commanding manner, and the power of his voice, rebuffed the sanguinary cowardice of this tribunal.

A more favorable horizon appearing in France, our man attempted to indemnify himself for his losses. Numerous and urgent wants stimulated his passions, so that he merely changed the nature of his torments by want of success with a government, whose character was moderation, and whose interest it was to remove violent people. He at last, however, obtained a pension of 12,000 francs, which, being given without good reasons, was taken away from him, on the death of the patron who had procured it. This last misfortune was fatal. He has told me an hundred times, that on hearing the news of his loss, he immediately felt a dreadful

weight in the chest. His respiration became fatiguing, and the pulsations of his heart assumed an irregularity, which had no interruption during the two years and an half that he survived his misfortune.

Being reduced during this interval to betake himself to the profession of physic, which he had formerly embraced, he exercised it with as little honor as profit. Want, and the torture of finding resources, which were neither delicate nor productive, disputed for the reliques of an existence, which was devoted to despair, and a prostration of moral and physical power, which formed an astonishing contrast with the former vigour of this individual.

The habitual character of his pulse was quickness, weakness, and irregularity; the pulsations of the heart were felt only in the usual place. The face was rather violet-colored than florid. Oppression was the general feeling produced by respiration. The appetite kept up, although the patient ate indolently. The emaciation, which was never extreme, seemed to depend less on physical than moral causes. In this state the patient dragged out his existence for more than two years. He habitually used antispasmodics, and sometimes had recourse to bleeding, which did not relieve him. At last the respiration became more difficult, and the spasms of the heart insupportable: the patient was compelled to keep his chamber, and afterwards his bed; the feet and legs swelled; no position of the body relieved his respiration; a spitting of blood took place, which relieved the patient at first, and induced him to apply leeches to the breast. This symptom soon recurred without the former good effect; but the irregular pulsation of the heart produced a distress approaching to death. At last this man sunk on the 23d May, 1806, two years and five months after the fatal event which had determined the existence of his disease.

On examining the body, the following appearances presented themselves:

Externally, bluish and reddish ecchymoses along the right side of the face and the body; little œdema of the lower extremities; and traces of bloody mucus from the nose and mouth.

The chest being struck on the right side did not resound, and had a slight œdema. On the left side the sound was full and natural.

On opening the chest we found that its right cavity contained about a pint and an half of water; and the left only half a pint. The lungs were sound, not adherent to the pleura, and of natural color; the inferior lobes on each side were bluish, increased in bulk, and their vessels unusually full

full of blood. These appearances were most strongly marked in the right lung, which was the most weighty, though the admission of air had not been prevented.

The heart, covered by its pericardium, was in its natural situation. The pericardium of a natural and healthy thickness, without any adhesion to the surface of the heart. It contained about four ounces of serosity.

The right cavities of the heart and the venæ cavæ were more dilated than common, without being absolutely aneurismal. They contained a moderate quantity of blood in the form of coagula. The pulmonary artery and veins were perfectly healthy.

The left auricle, ventricle, and the aorta, were healthy. The auricle and ventricle contained as much blood as those of the right side.

But what was very evident, and which I had never before witnessed, was the state of flaccidity of the whole substance of the heart. The parietes of the cavities fell together, and the flesh of this organ might be compared to the pale and shrunken muscles of an old woman: there was an astonishing contrast between the flesh of the heart and that of the other muscles of the body. I do not hesitate to believe that the heart was struck with a kind of palsy, and that its feeble, precipitate, and irregular contraction was the effect of an action not sufficient to disembarrass it of the blood which flowed into its different cavities.

It is very surprising that such an organic derangement had not occasioned an unnatural dilatation of all the cavities of the heart; that it was not followed by hardness of the lungs, dropsy of the pleura, of the pericardium, and even of the whole body; for it must be allowed that the water we found effused in the cavity of the chest, was not in proportion to the disease of the heart, and even not sufficient to cause death.

I believe, and every one will agree with me, that death resulted from the total palsy of the heart.

Let us remember what the patient had said during the whole course of his complaint: he had felt at the instant the loss of his pension was announced, an enormous weight in the chest. Patients struck down with a violent affection, paint what passes in them with sufficient truth. One feels a weight and sinking which represent the inertia of the heart, as in the above case; another says, that he has the heart tied up or constricted, and very well expresses the reaction of the pericardium on the heart, when blood with difficulty penetrates the vessels of the lungs; some say they feel a weakness accompanied with pulling or drawing on the heart, in

the state of inanition brought on by an abstinence not alleviated by drinks, &c.

The opening of the abdomen exhibited a kind of disease which grief and melancholy very often produce; the biliary vesicle was much dilated with a blackish bile, and contained as many as twenty biliary concretions of different sizes, the largest being as large as a filbert. The liver was perfectly healthy.

It is a common opinion that gall stones are found in the vesicle of persons who commit suicide. I have ascertained this fact a great number of times, in subjects who had been induced to self murder by long distress; but never in those who had committed it in consequence of sudden grief and despair, such as takes place after losses in gaming, or from disappointed love. The languor in which this man lived, more than two years, explains the formation of his gall stones.

No other organ was disordered. The functions of the brain had not been disturbed during life; nor did we find any thing wrong in this organ, or its membranes.

The man, whose history we have related, might have been affected with an inflammation of the heart during the active part of his life, and thence had a disposition to be violently affected by such a cause as produced his disease. We shall now see an example of this inflammation of the heart, brought on by the effect of violent passions and emotions.

Inflammation of the Heart and other Organs of the Thorax, and of the Abdomen, brought on by violent Passions, and excesses in Eating and Drinking.

All Europe has resounded with the oratorical talents as well as the impetuous character of Mirabeau. I am far from wishing to imprint a stain on his memory; but it is necessary I should say a word of his private conduct and his character, in order to point out their influence on the disease which proved fatal to him.

Cabanis, a physician of talents, was his intimate friend. He attended him in his last illness. He has left us a history of it, which does as much honor to the sagacity of the author, as to the tenderness of heart with which he speaks of his friend. He has, above all, a desire to exculpate him from the various charges made against his character; and yet, compelled by the force of truth, he accuses Mirabeau beyond what is necessary, to preserve him the reputation of a man whose passions were increased to an inordinate degree, and whose immorality led him to sport with all opinions, and to defend them all by turns, when the interest of the moment,

the

the desire of shining, or any other motive, induced him to attempt to persuade to what he wished to obtain.

The result of such a character was, that Mirabeau possessed a factitious or deceitful eloquence, and sensations at command. He supplied the place of that vehemence, inspired by a strong conviction of truth, by a force of pulmonary organ, which had no example, and by contortions of the muscles of the face and whole body, which rendered him hideous to behold at the tribune; at the same time that, according to my own feelings, he never carried less conviction into the mind of his auditors, than when he most attempted to be eloquent.

The abuse he made of the pleasures of the table was but too often his Apollo; and this regimen, which he was accustomed to, rendered him most amorous of women, to whom he devoted all the time he could spare from the necessity of appearing in public.

Mirabeau, being named president of the constituent assembly on the 29th January, 1791, entered on a career in which he abused his powers and his resources beyond all measure. *It was necessary*, says his panegyrist, *to employ very active and very speedy methods of putting him in a state to terminate his fortnight. He had oppressions, diaphragmatic contractions, pains at the superior orifice of the stomach, which terminated by bilious dejections, either spontaneous, or provoked by means of the waters of Sedlitz. Baths sometimes diminished them.*

One day, on stooping precipitately, he experienced the most severe agonies in the precordium, which almost made him faint. Perhaps this was the first indication of that disease of the heart which was discovered after his death; but Cabanis took little notice of it, *knowing*, says he, *how obscure these diseases are, and how problematical their existence is, even when announced by constant, palpable, and unequivocal symptoms, and how hazardous is the treatment of them. However, the habit of committing imprudences increased every day, and these approached more and more near to each other.*

At this epoch, Mirabeau had a first attack of colic, which was relieved by baths, and terminated by bilious evacuations. A second assumed a very marked spasmodic character, and terminated in requiring an emetic and some saline purgatives. Immediately after this colic, the sick man committed an excess at table, in a nocturnal repast; and he did not stop at this fault, already sufficiently great. It was on the night between Saturday and Sunday of the 27th March; he had a colic, attended with inexpressible agonies; and in spite of all the representations that were made to him, he insisted on going

going to the assembly, where they were the next day to discuss the affair of the mines; and he mounted the tribune five times, to obtain by his eloquence a decision in favor of his opinion. It was, according to the expression of Cabanis, the song of the swan.

On returning home, Mirabeau experienced the most violent pains; they had seized the great curvature of the intestine colon; they extended with violence under the sternum, and reached all the external and internal dependencies of the chest, diaphragm, precordial region, mediastinum, breasts, and clavicles. Every where they produced the sensation of a talon of iron, which violently tore the sensible parts.

The anxieties were very great; the respiration was so impeded as to threaten instant suffocation; the countenance was bloated from the arrest of the blood in the lungs; the pulse intermittent and convulsive; the extremities cold; and the patient making vain efforts to restrain the groans which distress extorted from him. His physiognomy exhibited the impression of fatal disease,—never did a patient appear so decidedly struck with death.

In this state of universal inflammation, he had a bleeding from the foot, large blisters were applied to the full part of the leg, and strong sinapisms covered over all the lower part these extremities. The pulse became more regular, the respiration more free, and he had a copious sweat. Wednesday morning the symptoms reappeared: the pulse was quick and hard; the head heavy and painful; the arterial, precordial, and diaphragmatic spasms returned. The treatment was restricted to simple diluents; but very soon the pains increased, the spasms extended over the whole chest, the right shoulder-blade, clavicle, and the region of the diaphragm. The pulse became intermittent and convulsive. The applications of cantharides and mustard were repeated, but became insupportable from the pain, and were removed. The countenance turned yellow, the tongue became coated; and this decided the indication to evacuate the bile by the Sedlitz water and whey. The commotion in the system abated, but in the evening increased with greater or less violence. About three o'clock in the morning, the pains began to display the same *ferocity;* the pulse had the character of intermittence and convulsion; the suffocation, the spasms, and all the frightful train which at first accompanied them, returned with rapid strides. The bleeding in the foot was repeated, and the application of sinapisms containing cantharides; the blisters in the legs were irritated afresh, and new ones applied to the thighs; finally, a pill containing six grains of musk

was

was given every half hour, till the patient had taken from thirty to forty grains.

This last accession continued a long time, and left the patient with the aspect of death.

It was thought that the alternatives of relief and paroxysm denoted the existence of an intermitting malignant fever, and cinchona was resorted to; but the difficulties were increased by it, and the patient vomited after the third dose. The respiration now became worse every instant, together with spasms and the most insupportable pains, and the most frightful physiognomy. The result of a consultation with M. Antoine Petit, was the application of more blisters to the arms, and the administration of half a grain of camphor, every half hour. At the end of six hours, the wounds of the blisters were cupped and washed with volatile alkali, which was repeated a number of times. The pains were increased to a degree impossible to be expressed. The patient, in agony, begged for opium; and when he could no longer be heard, he collected strength enough to write, *sleep.* It was necessary to appear to yield to his entreaties; and while a calming potion was preparing, he, on the sixth day of his disease, expired.

The picture that I have sketched of the symptoms of the disease of Mirabeau is extracted, word for word, from the relation of his friend Cabanis. I did not myself see the patient, but hearing every day a particular account of his situation, I could not avoid recognizing the existence of a most violent inflammatory disease, and which ought to have been combated by the flow of rivers of blood. I know not what idea his friend had formed; what system of humors, fixed in the affected parts, he had adopted, on the pretext that the patient had been subject to ophthalmia and acute pains of the bowels. He, however, states in many parts of his recital, that he attributed the ophthalmia to an old venereal taint, for which he was on the point of administering a methodical treatment; and the affections of the bowels to the excesses of every kind in which Mirabeau indulged. But it must be observed, that in the whole relation Cabanis takes as much pains to conceal from himself the inflammatory disease, of which he has described the most characteristic symptoms, as he does to praise and extol his hero, while he depicts all the vices of his character and conduct.

The fatal effect of the prejudice of the physician was, that fresh fuel was heaped on the flame. The body was covered with blisters and vesications to a degree that no case in medicine ever indicated. Saline purgatives, camphor, musk, and cinchona, were administered internally. It is well to observe,

observe, that what kept up the delusion of the physician, was the momentary relief which took place after the first application of the external irritants. There is no doubt that these violent factitious irritations might for a short time suspend the principal irritation; but this increased afterwards with a violence proportioned to the addition of irritating causes; and if we read the account with attention, we shall be convinced that the apparent success was illusory, and perceived by Cabanis alone. It must be said, in his justification, that he felt too lively an interest in the health of his friend, whom he loved with enthusiasm, to possess that tranquillity of mind, without which a physician cannot study, observe, or recognize the truth.

I was desired to examine the body of the deceased; but here also I may admit Cabanis to speak, for he gives a faithful recital of what was observed.

"The stomach, the duodenum, a great part of the liver, the right kidney, the diaphragm, and the pericardium, exhibited marks of inflammation, or rather, in my opinion, of congestion of blood. The pericardium contained a considerable quantity of thick, yellowish, opaque matter. Lymphatic coagulations covered the whole external surface of the heart, except the point. The cavity of the chest contained a little water.

"Certainly the state of the heart and the effusions in which this organ floated, may be considered mortal; but I believe that death was immediately determined, by the affection of the diaphragm; and I have ever attributed this affection, as well as that of the heart, to the rheumatic, gouty, wandering humor, which we from the beginning had considered as the cause."

Cabanis might regard the pretended gouty humor as the cause of the inflammatory disease; but it did not the less possess this inflammatory character in the very highest degree. All the organs named were inflamed; one would have said that a poison had corroded the stomach and duodenum; and the intestines were empty, as happens in such a case. The heart and pericardium were red with inflammation; independently of the mass of lymphatic concretions, which constantly characterise the inflammation of this organ, that of the liver, right kidney, and surrounding cellular membrane, was much less; but it is certain that the state of the diaphragm alone would have explained the violence of the pains to which the patient was a prey. The right side of this muscle was contracted, just as if it had preserved, after death, the state of most powerful action.

It will be admitted that, instead of having recourse to an

occult cause to explain so violent and extensive an inflammation, the origin of the disease may be imputed to the life which Mirabeau had led previous to the invasion of his last illness, to his excesses of every kind, to that even which he committed at the tribune of the assembly, when he mounted five times in one sitting, and when he was already gravely attacked by the disease to which he fell a victim.

The conclusion of Cabanis is well worthy of the warmth of imagination which dictated his history. *I declare candidly*, says he, *that on seeing the same series of symptoms again, I should form the same judgment, and should employ the same methods of cure.* For my part, I conclude that Cabanis was the Seïde of his medicine, and Mirabeau the victim of the fanatic enthusiasm of his physician.

I cannot reproach myself for having given to the history of the disease of Mirabeau the high degree of importance it has seemed to me to possess. It is one of the most important and instructive facts that any disease of this nature can present. I had formed a design, at the very period of the event, to submit the relation of Cabanis to a critical examination, proportioned to the importance of its object; but considerations of respect towards so excellent a character arrested my pen. Now that he has paid the tribute to nature, and that Mirabeau is no longer an object of revolutionary admiration, I fulfil the obligation I had contracted, of employing for general instruction all the interesting facts, of which I can render an exact and faithful account.

We may draw a curious comparison between Mirabeau and the subject of the first observation. The latter, possessed of physical powers far greater than those of Mirabeau, had nothing like his genius and the force of his character; and he allowed himself to be beat down by an event, against which Mirabeau would easily have found resources. I have already remarked, that this man might have been attacked with inflammation of the same kind as Mirabeau, in the circumstances when he had to defend his life by the power of his eloquence; but he sunk under a palsy of the heart, the effect of profound grief. On the contrary, Mirabeau fell a victim to the violence of his temperament, of his passions, and of the abuse he made of all his faculties.

For the Medical and Physical Journal.

Case of a diseased Prostate Bladder and Rectum; by Mr. Jesse Foot, Surgeon.

IN October, 1813, a person came to me from Bromley in Kent, to take my advice on his complaints; and as he had already taken up his abode at a friend's in Bedford-

square, for that intent, we devoted this first visit to a conversation on the nature of his symptoms, the time they had been on him, the remedies which had been used, the medical gentlemen under whose care he had been, and on the whole of that information which can be better collected from a patient himself, than from any body else.

He was at the advanced age of sixty, of an uncommon calmness of disposition for one so terribly afflicted and so very much emaciated. He was a married man, of very sober and regular habits, had been first attacked a year and a half ago with a disorder in his bowels, for which he had from the beginning consulted an eminent physician of the Borough hospitals, and whose prescriptions he brought with him. He had also consulted a surgeon of St. George's hospital, and a surgeon of the Borough hospitals, some time before he applied to me.

Doubts having arisen that the disease was a prostate case, which was the opinion of the surgeon of St. George's hospital, he consulted the surgeon of the Borough hospitals, who sounded his bladder in search of stone; but none being found, and the case proceeding from bad to worse, in the face of all the remedies hitherto administered, it was at length decided that he labored under an incurable prostate case; and the patient was viewed in the light of one condemned to the excesses of suffering, so long as life supported him in the endurance.

Having heard attentively that evening all he had to say, I promised him that the following morning I would satisfy myself, by an examination into his case in the fullest manner I possibly could. He accordingly came, and gave me his report of the night he had passed: that from eleven at night to nine in the morning he had urined ten times; and that he had also made many attempts without being able to urine at all, especially when he wanted to go to stool, which was also as distressing to him as the act of urining, as he would have the solicitation to stool for two, and oftentimes three hours, before any stool could pass. He got out of bed every time he urined, or tried to urine.

I examined the prostate; it was enlarged and fixed. I passed a gum catheter of a middle size; it went readily into the bladder. The urine was drawn off, and measured by a scale cut on a glass cup two ounces. This was the largest quantity he was in the habit of discharging at any one time. The first half of the urine came away clear, the other was of that turbid appearance which resembles chalk mixed up with thin mucilage; and this of course was all that the bladder could hold. The sphincter ani was found to be very

rigid.

rigid. I filled the bladder with warm water by injection. It could not bear more than two ounces and a half, and that extension of the bladder produced great pain. The catheter I chose was of an extraordinary length, and I was enabled to pass it to the *fundus* of the bladder, which I conceived to be so contracted as not to admit of containing, by any effort of extension, more than two ounces and a half. The circumstance of the turbid urine, as well as the clear urine, coming away through the catheter, and of the turbid urine being the last that passed, proved to me that this was a disease of the bladder and prostate, and that the prostate was not the part only diseased. When the whole contents of the bladder were drawn off, the pain the patient expressed was exquisite. He could neither sit nor stand quiet for some time. On the evening the bladder was filled with warm water again, and it was again drawn off to much the same amount as in the morning. The filling the bladder with warm water was from henceforth repeated daily, twice a day. The additional resources were sitting night and morning on a bidet filled with hot decoction of poppies, and on the second night eight leeches were applied to the perineum. His bowels were relieved by castor oil taken over night, but there was always a difficulty in procuring an evacuation. The time it occupied from the first peristaltic inclination to that of the evacuation would include the best part of the night, during which he experienced a more than ordinary difficulty of urining. He described himself as having lost the power and assistance of the abdominal muscles, and I found that the *accelerators urinæ* and *sphincter ani* were strongly affected by their increased efforts through such a protracted time of disease. Finding that by the prescriptions mercury had been given to the patient for some considerable time, I from that cause gave him none. I had promised him, notwithstanding the pain he felt, that if he would submit to try the extension of the bladder for *three weeks,* and if then he was not better I should give up the pursuit. I therefore thus continued the process, when for the first four days there appeared but little variation from the beginning, neither in quantity, appearance of the urine, nor in any other symptom. But it was rather thought that his days were better, but not his nights, which was the time his stools were disposed to pass, and which was very distressing to him. In the subsequent four days, the bladder became so far dilated as to receive nearly four ounces of warm water, and the solicitation to urine in the day-time was somewhat abated. But still the difficulty of procuring stools distressed him throughout the night, and shortened his intervals of urining.

Before a fortnight had passed, the bladder was brought to contain six ounces of warm water. A new complaint then arose: his right testicle was swelled, but not accompanied with so much pain as it had been when swoln before, after he had consulted the surgeon of St. George's hospital, when it confined him to his bed a month. By giving it support, and applying compresses dipped in *Aq. Ammon. Acetat.* this complaint disappeared in four days; for we know, that a testicle once having swelled, does not give the pain a second time in swelling, and that it is with much less difficulty reduced. During this interval I desisted from injecting the bladder, but renewed it on the fifth day. I now for the first time began to give him the *Uva Ursi* in liberal doses. Finding that the difficulty of obtaining stools was a continued theme of complaint, I began to question him very narrowly upon this part of the case; and it appeared from his answers that his bowels had been disordered three months before his difficulty in urining came on; that he did not recollect at any time that he had, or was capable of discharging a figured stool of natural dimension, such as confirms the bowels to be in a sound state. Besides, he answered, that, although he had often taken clysters, they were generally returned without fæces. I passed the largest urethra bougie I had, and found an obstruction in the *rectum*, about five inches from the *anus*. Small rectum bougies were from this time daily passed, gradually increasing their sizes. This he adroitly did himself. From this time his stools began evidently to be more compact, more ready in coming away, and more easy in their evacuation. This complaint of his bowels had been on him more than eighteen months, as his prescriptions for it proved, by their dates.

Towards the latter end of the third week, his recovery was no longer a matter of doubt. Seven ounces and a half of warm water could be injected with ease, and drawn off without pain. The urine began to change from the wheyish appearance it had to that of a sound state. Nothing new was done for the case from this time; nothing further but repeating the injection of warm water twice a day, passing the rectum bougies, taking the *Uva Ursi*, and sitting over the decoction of poppies. At the close of the fourth week, the bladder could contain eleven ounces, and the patient could sit throughout the night at the theatre, without a call to urine. He then made a trip to Bromley, and returned a week after, when, for the last time, his bladder was injected with warm water, and eleven ounces and a half returned through the catheter. At this period he urined at healthful distances, and his stools passed with lessened irritation, and more

more approaching to a condition of health. When he had expended the graduated sizes of rectum bougies I had furnished him with, I recommended him to have some made of *spermaceti*, of increased sizes, and of proper length. I saw the patient in the middle of January, when he described himself to be well.

In this case I have not gone into the theory of the diseases of prostate and bladder, and of the advantages of *Vesicæ Lotura* in expanding a contracted bladder, because I have done this already in a former publication of cases of the successful practice of Vesicæ Lotura.

It has been shown by the relation which I have given, that this case was by me difficult to be defined; that two hours attention to it daily, did not unfold to me a knowledge of its true nature, until a fortnight had passed. I am afraid I may be censured for want of that ready intuition which some practitioners possess, who limit their visits to about five minutes, and others who correspond by letters upon cases; but I must confess, by either of these methods I should never have discovered that which in this extraordinary case has contributed towards so rapid a removal of it.

Dean-street, Soho, JESSÉ FOOT.
Feb. 21, 1814.

For the Medical and Physical Journal.

Remarks on the Condition of Apothecaries, with Suggestions for a new Bill.

IT is a notorious fact, and must be acknowledged by all classes of society, that a reform in the profession of the apothecary is absolutely necessary, not only for the encouragement of qualified practitioners, but more particularly for the benefit that would arise to the army, navy, and country in general, from a judicious arrangement, under the sanction and protection of government.

We cannot expect that privileges will be taken away from certain professions or descriptions of people, and given to us. On the other hand, we ought not voluntarily to make such great and serious sacrifices, without a prospect of some certain advantage to be derived from it; as would be the case were the present amended bill to be passed into a law.

If apothecaries were allowed by it to make demands for personal attendance, which might be limited not to exceed half the ordinary fees of physicians for similar attendance, they might and ought then to charge less for medicines prepared. The consequence would be, that all prescriptions would invariably be brought to the apothecaries, and the profit

profit to them, in this respect alone, would undoubtedly be greater than at present, and the fees would then be an extra profit; whereas, according to the amended bill, nothing can prevent the druggist from reaping, at least, one half the emolument that properly belongs to the apothecary, and which will be irrecoverably lost if it should be passed into a law.

Impressed with this opinion, I have not the least doubt that it would become a heavy burthen upon us which we could never remove. I should, therefore, recommend that unless the apothecaries be permitted to make demands for attendance, the present bill be withdrawn. I know of no profession, except ours, which is excluded the natural privilege of demanding payment for trouble, attendance, time, or whatever name may be given to it; so that, in its present state, there is no inducement whatever for men of liberal education to enter into the profession.

The following, as the basis of a bill, I conceive, though imperfect, would be extremely beneficial to the apothecary, as well as to society at large.

1st, That a medical board be established by government for the examination of medical practitioners, to be called apothecaries, who will be then entitled to practise as such in the army, navy, or as private practitioners.

2dly, That no person whatsoever be allowed to practise under the name of an apothecary, alone, or conjointly with any other profession, unless he has actually served a regular apprenticeship to an apothecary, or can produce testimonials of having attended as a pupil of a public hospital, and a regular course of medical lectures.

3dly, That none be permitted to commence business hereafter, as an apothecary, (surgeons in the army and navy excepted,) without being found duly qualified, on examination, by the medical board.

4thly, That the indenture of every apprentice, in future, bear a stamp of 25*l.*

5thly, That apothecaries, whether combined or not with other professions, be allowed to demand fees for attendance, visits, or journies, not exceeding one half the ordinary fees of physicians in general for similar duties.

If this plan were approved, it would be adviseable to petition his Royal Highness the Commander in Chief, and the Board of Admiralty, for their approbation and interest, explaining to them the advantages likely to result from the respectability and increased number of qualified men, &c.

J. W. C.

For

For the Medical and Physical Journal.

Cases of Rabies in Dogs; by Mr. YOUATT.

THE practitioners of the veterinary art owe much to the liberality of the teachers of human medicine. They are, fortunately, enabled, in some imperfect degree, to repay the obligation by the superior advantages which their profession gives them for the study of comparative anatomy and physiology.

In no respect can they contribute more essentially to the perfection of medical science, than by the light which their experience enables them to throw on the history of Rabies Canina; a disease yet involved in much obscurity, and the cure, or even alleviation of which, is a desideratum in the art.

To my partner, Mr. Blaine, the medical world is indebted for the only detailed and correct account of the symptoms of rabies in dogs, (with the exception, indeed, of Mr. Meynell, Medical Commentaries, vol. xix. p. 90) and from him a late writer on the bite of a rabid animal has unblushingly borrowed the most valuable part of his essay, though he had not the candor to acknowledge or even glance at his obligation.

The enclosed history of some cases of rabies canina, which occurred in my practice during the last year, is transmitted to you, as a very humble contribution to the knowledge of this dreadful malady. They are selected from many others, as clear and decisive in themselves; and each of them is marked by distinct and characteristic symptoms.

CASE I.—January 18th, 1813.—Mr. G.'s terrier yesterday quarrelled with and bit another dog, with which he had been always friendly.

19th.—Having been costive two days, his master gave him some castor oil. In effecting this he was severely bitten. Alarmed at a ferocity which he had never before observed in the animal, Mr. G. sent for my partner, Mr. Blaine. The dog snapped at a stick, and shook it, but not without being a little teased. He howled frequently, with his head lifted up, but much of the bark was mixed with the howl. His head frequently drooped, and his eyes closed; he then suddenly started, lifted up his head, and howled.

20th.—To-day I saw him. He was busily employed in drawing the straw from his kennel, and shaking it violently. He instantly, and ferociously, flew at a stick. The howl was perfectly characteristic. He had lapped his urine, and had gnawed away his penis considerably below the glans. He yet knew his master's voice, and was obedient to his

call. He eagerly lapped milk and water, and readily swallowed it.*

At Mr. G.'s request he was immediately destroyed.

The trachea and œsophagus exhibited no morbid appearance. The stomach was very highly and generally inflamed, and completely filled with hair and straw. Several patches of inflammation were seen on the lungs. The diaphragm in some parts was livid. The duodenum and jejunum were violently inflamed, but the inflammation was lost in the ileum. The dog which was bitten by him died rabid five weeks after.

Case II.—March 3d.—Mr. L.'s terrier, very gentle and docile, had been two days costive and dull, and had obstinately refused all food. He now became suddenly furious, gnawed his kennel to pieces, and in the violence of his efforts broke all his incisor teeth. In the intervals of his violence his head drooped, and his eyes closed for a moment; he then suddenly sprang up, and recommenced his attack on the kennel.

4th.—His strength was much exhausted. His eyes had lost their ferocity, and had a dull greenish appearance. The sight of one eye was gone. The breathing laborious, with a peculiar choking noise. Eagerly seized his meat, carried it to his kennel, and laid on it. On giving him water in a shallow dish, he first lapped it eagerly, and then deliberately laid across it, burying his chest in it. Doubting whether this might not be accidental, he was rouzed, and the pan was removed to

* This fact completely refutes a very common opinion, that rabid animals are averse to water. A very similar one is related in the 20th volume of Duncan's Medical Commentaries, by Mr. Alexander Johnston. A dog supposed to be mad was dissected. Mr. J. remarks, "As we had always understood that a dog laboring under the hydrophobia would neither eat or drink, the stomach was inspected, and *to our great joy we found the stomach more than half full of food*, which had a most corrupt disagreeable smell, insomuch that we conjectured the animal had been eating human fæces. This circumstance proved an additional consolation to the mind of the poor man (who had been bitten), and led us to think the animal was not diseased." It may be right to add, that notwithstanding the wounded parts were entirely removed, and every precaution taken, the man fell a victim to the disease in five weeks from the time of the accident.—As the subject of Rabies possesses the strongest claims to our notice, both in regard to its fatality, the distressing and horrible character of its symptoms, and the obscurity in which it is still involved, we have great pleasure in announcing that we hope to publish, in our next Number, a valuable communication on the symptoms of rabies in dogs, by Mr. Blaine, whose attention to the diseases of animals is universally known.—Editors.

a little

a little distance, yet within his reach: he immediately went and again laid across the water, immersing his chest in it. The water was then taken away, and soon after he eagerly scraped all his straw into a heap, and lay across it, with his stomach resting on it. He yet knew and fondled on his master. In the evening he died. He at no time gave the characteristic howl.

On opening the head, the longitudinal sinus and the vessels of the coats of the brain were beautifully turgid. The substance of the brain was reddish. No fluid in the ventricles. The pharynx and larynx were unaffected. The mucous membrane of the trachea was slightly, and the lungs were violently inflamed. Large patches, not spots, of inflammation appeared on the villous coat of the stomach. A considerable quantity of indigesta was contained in the stomach. The duodenum and jejunum were much inflamed, but the inflammation ceased in the ileum.

Case III.—August 7th.—A terrier, usually very gentle, was observed to be irritable and fretful; almost incessantly employed in hunting flies, except that for a moment his head suddenly drooped, and his eyes closed.

8th.—In the morning he seized his mistress's hand, and mumbled it, pretending to bite. He repeatedly did the same with her feet. The servant could scarcely drive him from *her* feet. He lapped eagerly, and took his food readily, but dropped it. In the afternoon he bit the gardener, and then fell furiously on the cat, and almost worried her to death. Had been costive three days.

9th.—To-day I first saw him. He was employed in tearing his bed and kennel to pieces, with strange diligence. Thirst excessive. Plunged his whole face in the water, yet could not swallow. His eyes were fierce. He flew furiously at a stick. His bark not changed. On my deciding that he was rabid, his master immediately shot him. The larynx, pharynx, trachea, and œsophagus were unaffected; but the left lung was slightly inflamed. The cardiac portion of the stomach was slightly inflamed, and distended with hair, leaves, straw, &c. The intestines were not affected.

Case IV.—October 4th.—Mrs. M.'s pug had for the last three days been unusually peevish. To-day he flew at his mistress, without provocation, though he had before been much attached to her. He then worried the cat, ran away, was seen to bite several dogs, and did not return until the next morning.

5th.—He was shut up in the wash-house, and meat and water were given him. He was not heard to bark or howl; but he gnawed the doors and windows to an extent that appeared almost incredible.

6th.—To-day I saw him. His meat was untouched, but the water all gone. He had lost all inclination to bite. I could not provoke him to bite. Staggered every moment, and towards evening was quite paralytic in his hind limbs. Purged violently. Knew his mistress, and was eager to be caressed. Died in the night. No howl.

The pharynx, larynx, œsophagus, trachea, and lungs unaffected. The stomach generally and highly inflamed, and quite empty. The intestines much inflamed, and considerably thickened through their whole extent.

Case V.—October 9th.—A terrier had for two days been unable to shut his mouth; had appeared eager to eat, but after many ineffectual attempts, dropped his meat. Imagining it to be a sore throat, the servants had given him several medicines, and two of them had scratched their hands against his teeth. The disorder apparently increasing, I was sent for. The lower jaw was completely paralytic. The tongue hung out, and was of a leaden color. The thirst extreme. Buried his nose in the water, but could not swallow. Flew furiously at me, but was unable to bite. A stick enraged him violently. Seemed to watch some imaginary objects in the air, and attempted to snap at them. Staggered as he walked. The head heavy, and eyes frequently closing. Knew the servants, and was obedient to them. Made no attempt to bite a dog which had been his companion. No howl.

Contrary to my request, he was immediately destroyed. The tongue was swollen, and of a leaden color at the tip. The stomach was empty. The fauces inflamed and swollen. The trachea and lungs unaffected. The vessels of its outer coat were very turgid. The villous coat was highly and generally inflamed, with spots of a deeper color. The bowels inflamed through their whole extent, and almost gangrenous in some parts.

Case VI.—October 17th.—Mrs. —— found a great quantity of blood in the bed of her white terrier, which evidently came from him, and was supposed to be vomited.

18th.—Very dull, and refused to eat; with much oppression of the head; was contented only when he could lay his head on his mistress's foot, a thing which he had never done before.

19th.—His lower jaw became slightly dependent. He now took some food, and after many ineffectual attempts, and frequently dropping it, swallowed it; lapped eagerly, plunging the whole of his face into the water; quarrelled with a cat, of which he had been very fond.

20th.—To-day I saw him. The lower jaw was paralyzed; the tongue hanging out, and of a leaden hue; the eyes glazed,

glazed, and of the color of a green glass bottle. He staggered as he walked, and repeatedly fell. Watched some imaginary floating objects, and attempted to snap at them; the eye-lids frequently closing. The breathing was laborious, with a deep choaking noise. He was restless. He knew his mistress, fawned at her feet; attempted to lick my hand on patting him. No howl.

21st.—The deep choaking noise had gradually increased till noon, when he died. He had been unable to crawl from his bed since last evening, but was sensible to caresses until the last moment. Ten minutes before he died, he faintly wagged his tail when his mistress called to him.

The tongue was swollen and livid; the pharynx and larynx were inflamed; and the ramifications of the distended vessels of the trachea were very beautiful; the left lobe of the lungs highly inflamed, but the right lung scarcely affected; the whole of the villous coat of the stomach was highly inflamed, with the exception of a few spots which retained their natural color, and the pyloric orifice choked with straw; the parietes of the duodenum and jejunum were thickened; the mucous coat inflamed, but the inflammation gradually subsided, and was lost in the colon.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

WE are induced to transcribe the following interesting particulars respecting the state of medicine in Spain, about twenty years since, in the hope that some of our correspondents, who have lately visited the Peninsula, will favour us with an account of the improvements which have taken place in the condition and the practice of the physicians of that country, since the time when Mr. Townsend travelled.

"The science and practice of medicine are at the lowest ebb in Spain, but more especially in the Asturias. *Fiat venesectio* is still the favourite prescription, notwithstanding the ridicule of Le Sage, and the serious reasoning of Feyjoo. When the fond husband meets the physician in the street, and urges him to step in to see his wife, *Sangrado* pulls out at

once his list of patients and his watch, tells him that he cannot stop one moment, orders him instantly to fetch the surgeon, and to have her blooded, promising faithfully to see her in the space of half an hour. Palsies most undoubtedly are frequent, but it is by no means clear, that these are always caused by plethora, although in many cases they certainly originate from fulness. *Sangrado*, however, has such a dread of palsy, that he bleeds his patient into a dropsy, or leaves him to languish between life and death, a prey to the most gloomy of all diseases to which humanity is subject."

"Of diseases, the most endemical are intermittent and putrid fevers. These arise from the proximity of an extensive swamp, containing many hundred acres, which might easily be drained, so as to produce the most luxuriant crops. In the year 1785, during the three autumnal months, they lost two thousand five hundred persons, and the succeeding year two thousand three hundred more; yet the Almojar remains undrained. Government, indeed, exerted its authority, but not in the most effectual manner, for the relief of the inhabitants.

"When the report of this calamity had reached the court, an order was dispatched to the physicians, that no other medicine should be administered to the sick, than the famous one prescribed by Don Joseph Masdeval, and called by him his opiate, of which the following is the formula:

℞ Sal absinth,
—Ammoniac optime depurati āā ʒ i.
Tartari Stibiati, termino clariori Tartari Emetici gr. xviij. triturentur per horæ quadrantem, deinde adde & optime misceantur Pulv. Cort. Peruv. ℥i.
Syr. absinth q. s. fiat Opiata.

"Of this he gives one-sixth part every two hours, with one spoonful of the following mixture:

℞ Aq. viper ℥v.
Aq. benedict Rulandi termino clariori Vini Emetici ℥j.
Cremor Tartari pulv. ʒj. m.

"With these medicines he interposes plenty of broth, and continues to use them till the patient is restored to health.

"In a conversation I had with him at court, he informed me, that the common operation of these medicines was at first to act as an emetic or cathartic, often bringing away lumbrici; but, being continued, they relieved the stricture on the external surface of the body, promoted perspiration, and acted sometimes as a diuretic. He assured me, that in the most desperate cases, the disease had given way at the end

end of four days after he had begun to administer his medicines; and he did me the honour to shew me a variety of attestations from medical men in almost every part of Spain.

"That I might have no doubt of the true nature of the disease, he related the usual symptoms, such as, in the beginning, a remarkable prostration of strength, with intense pain both of the head and of the back; intolerable thirst; the tongue foul, dry, black, chopped, and trembling, when protruded; pulse small, hard, quick, and intermitting; parotid glands swelled; urine limpid at first, but turbid in the progress of the disease; respiration difficult; the white of the eyes become red; petechial spots on the arms and breast; hands trembling; watchfulness at first, followed by propensity to sleep perpetually without consciousness of having slept; delirium; noise in the ears, followed by deafness; involuntary tears; coldness of the extremities; quivering of the under lip; and, if the patient were ill treated, death.

"From this description, there could be no doubt of the disease; but, as to the operation of the medicines, that certainly will admit of some discussion. On the common principles of chemistry it is evident, that a double decomposition takes place, and that the tartar emetic is reduced to an inert calx. I must acknowledge, that when first I was informed of this curious medicine, I was inclined to think, that the tonic power of the bark enabled the stomach to bear this extraordinary quantity of tartar emetic, but on more mature consideration it seems clear, that, being decomposed, this active medicine has lost its efficacy; and I am confirmed in this idea by a fact related to me by Dr. Masdeval, when I had the honour to meet him at the Escurial. He had prescribed this opiate to a monk, who was in the last stage of a *typhus* or putrid fever; but the nurse, by mistake, gave the whole quantity at once, thus administering eighteen grains of tartar emetic at one dose, yet without any other visible effect than abating the violence of all his symptoms. I am therefore satisfied, that the cleansing of the alimentary canal must be attributed to the emetic wine, and that the operation of the famous opiate would be nearly the same either with or without the stibiated tartar, and must be ascribed wholly to the bark.

"The physicians of Carthagena were willing to allow this medicine all the credit which was due to it, and to prescribe no other whenever they should be convinced that this might be used with safety; but to be precluded in all cases from the use of other remedies, they thought, would be unreasonable.

unreasonable. They therefore sent their remonstrances to court; but in answer, there came an express order from the king, that they should be subject to the intendant of the dock-yard, and should prescribe according to his directions.

"On the receipt of this mandate from the court, the intendant immediately assembled the physicians, and made known the royal pleasure, informing them, that in case of disobedience, the prisons were prepared, and the guards in waiting to execute his orders. They expostulated, but to little purpose; and being told that nothing short of absolute submission would be accepted, they consented to prescribe the opiate in all cases, and, to evince their sincerity, they signed a certificate, that no other medicine was so efficacious as this recommended by the king.

"The people, however, were not so submissive to the royal mandate, and knowing that the physicians were engaged not to vary their prescriptions according to the exigency of the case, and the variety of diseases by which they might be attacked, they absolutely refused to send for medical assistance, and resolved to take their chance for life or death. When, therefore, information was carried back to court, that the physicians were likely to be starved, and the people to die for want of their advice; the minister relented, and agreed to compromise the matter, leaving the sons of Æsculapius at liberty to follow their own judgment for the citizens at large, and compelling them to administer no other medicine, beside the opiate, to all the patients in the royal hospital.

"This perhaps is the first instance of despotic power controlling the functions of physicians, and prescribing uniformity to that class of citizens in the line of their profession."

"I have observed in general, that the physicians, with whom I have had occasion to converse, are disciples of their favourite doctor Piquer, who denied, or at least doubted of, the circulation of the blood. Yet they begin to get acquainted with the names of Van Swieten, Hoffmann, Sauvage, Gaubius, de Haen, and Cullen. They have indeed laboured under the greatest disadvantages in their education, and in the want of encouragement when they entered upon practice, receiving little money, and less honour, in the way of their profession. In their medical classes they had no dissections, no experiments in chemistry, and for botany they were unacquainted with Linnæus. These defects will now be remedied. But even in the present day, the fee of a physician is, two pence from the tradesman,

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ten pence from the man of fashion, and nothing from the poor. Some of the noble families agree with a physician by the year, paying him annually four score reals, that is, sixteen shillings, for his attendance on them and on their families.

"They all acknowlege that the monks are more liberal than people of the first fashion, more especially if confidence and secrecy are needful.

"In point of honour, no class of citizens meets with less respect than the physicians; but in proportion as the nation shall acquire wealth, they will rise up in consequence, and be regarded with esteem.

"Of one thing, which in Spain is required from chirurgeons and physicians, I have never been able to find any one who could give me a satisfactory account. Before they enter into their profession, they are obliged to swear, that they will defend the immaculate conception of the Blessed Virgin. This requisition is the more extraordinary, because that point is not universally agreed upon, even between Catholics themselves; yet many centuries may pass before the medical tribe will be freed from this unreasonable imposition. To give due weight to the sanction of an oath, every country should purge away those which are become obsolete, but more especially such as are universally regarded as absurd."

"Of threescore physicians settled at Barcelona, Don Francisco Sanponts and Don Francisco Salva are the most distinguished, and have the most extensive practice. One of them favoured me with a sight of his list. He had visited more than forty patients in the morning, and he was to see as many before he went to bed. Among these were many merchants, manufacturers, and officers; yet he did not expect to receive a hundred reals, that is twenty shillings, for the whole practice of the day.

"Although not rich, they had occasion, a few years since, to shew a high and independent spirit, for which they deserve the highest commendation. When General O'Neille was governor, (A. D. 1784,) the putrid fever raged in Catalonia, as in Arragon and other provinces of Spain. The physicians, summoned by the governor, like those of Carthagena, were required to engage, that from thenceforth they would prescribe no medicine beside the famous opiate recommended by Dr. Masdeval. Not satisfied with this, the governor had prepared a certificate, similar to the one produced at Carthagena, for them to sign. The doctors Salva and Sanponts, in the name of all the rest, remonstrated; but could obtain

no other answer, than that the king would have it so, and that the prison doors stood open to receive them. Our chieftains, however, not to be intimidated, continuing firm to their resolution, and being well supported by their corps, at last came off triumphant, and were permitted to prescribe whatever medicines they thought proper. The general, although as a soldier he had been accustomed to obedience, yet being gentle and discreet, he chose rather to report the matter to the court, than at once to carry his threats into execution. Here the matter rested.

"Dr. Masdeval, in his publication, claims the invention of this opiate, and represents it not merely as a specific in putrid fevers, but as a panacea, infallible in all kinds of fever, and a sovereign remedy in every disease incident to the human frame. But as the physicians of Barcelona were by no means satisfied of this, they resisted his pretensions; and as some of them had noticed this famous opiate in the *Journal de Medecine*, so far back as A.D. 1769, they denied him the merit of invention. In reality, this formula was known and described under the appellation of Boucher's opiate, and the nature of the decomposition taking place on the admixture of the various articles was well described in the Journal of 1778.

"In conversing with these physicians, I was struck with the number of lunatics under confinement in the several provinces of Spain; and when I returned to England, I compared their account of Catalonia with the government returns. By these it appears, that in Arragon the number is two hundred and forty-four; in Catalonia, one hundred and fourteen; in Valencia, one hundred and twenty-one; in Andalusia, ninety-nine; in Granada, forty-one; in Toledo, forty-two; in the province of Leon, two; and in Avila, one. In the other interior provinces no mention is made of any. Thus stands the fact; but as for the foundation of this difference between the maritime and the inland provinces in this respect, neither they nor any one with whom I have conversed on the subject, could suggest any thing worthy of remark. I have, therefore, been contented simply to state the fact, and leave it as I found it."—*Townsend's Journey through Spain, London*, 1791.

CRITICAL

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Des Maladies de la Vessie et du Méat Urinaire, chez les Personnes avancées en Age; pour servir de réponse aux Questions proposées en 1807, *par l'Académie Josephine de Médecine et de Chirurgie de Vienne.* Par M. NAUCHE, Médecin de Bienfaisance du 4e Arrondissement, Membre et ancien President de la Société Galvanique, &c. &c. &c. 8vo. Paris, 1810. pp. 252.

THE Josephine Academy of Medicine at Vienna, in the year 1807, proposed as the subject of their prize the following very important questions, viz. "What are the diseases of the bladder and urethra, besides the stone, in old people, which are sooner or later fatal? What are their causes? How are they distinguished from each other, and from the stone; and what is the most appropriate treatment for them?" The present treatise was intended by the author as an answer to these questions, but he was too late to contest the prize, and resolved to be beforehand with the Academy in publishing his work previous to the adjudication of the reward.

If the success of surgeons in treating diseases bore any proportion to the labor bestowed on the investigation of them, or to the number of books which have been written upon them, the sufferers from the affections of the bladder and its appendages would have reason to congratulate themselves on the attention they have attracted. But the diseases which were formerly fatal are unfortunately still so; and the management of those which are curable, is scarcely at all improved. To the number of books on this subject which have *not* advanced our knowledge or means of curing these diseases, the treatise of M. Nauche may be added; although it is, with some exceptions, a very good abridged history of the complaints it treats of, comprehending, however, not only those diseases which are peculiar to old age, but nearly all the various affections of the urethra and bladder.

After some remarks, which might have been spared, such as, that the history of diseases is more attended to and cultivated than the means of cure, that the signs of the presence or absence of calculi are as equivocal and delusive now as they have ever been, &c. the author proceeds

ceeds to the consideration of the peculiarities of the bladder in old age.

"La vessie qui éprouve de si grands changemens dans les premières années de la vie, en offre moins dans un âge avancé: son état, à cette époque, diffère peu de celui qu'elle a dans l'âge adulte.

"Cet organe, chez les vieillards, s'arrondit par son sommet, devient plus large transversalement que d'avant en arrière; il ne s'élève au-dessus du détroit supérieur du bassin que dans son état de plénitude, et les rapports avec la paroi antésieure de l'abdomen sont moins étendus.

"Il acquiert, lorsqu'il a perdu de son irritabilité, une grande capacité, et devient plus mince. Souvent cette capacité est moindre que dans l'âge adulte, et ses parois sont épaisses et comme racornies.

"A mesure que l'on avance en âge, la vessie perd de son irritabilité; elle devient moins sensible à l'impression de l'urine, et n'en détermine la sortie qu'à de grands intervalles; le jet que le liquide forme est moins long et s'efface presque entiérement.

"L'urètre est moins ferme et a moins de ressort que dans l'adulte; il est plus rempli de sang et parsemé de vaisseaux variqueux.

"L'urine est rendue en plus grande quantité que dans les autres âges: elle est plus visqueuse, plus chargée de matières salines, et spécialement de phosphate de chaux; on la voit plus fréquemment altérée par les maladies des voies urinaires.

"*Des maladies de la vessie et de l'urètre auxquelles les vieillards sont exposés.*—Les maladies de la vessie, quoique fréquentes à toutes les époques de la vie, attaquent cependant d'une manière plus spéciale les personnes avancées en âge, lesquelles sont moins exposées aux affections de l'urètre que dans un âge moyen. Indépendamment du calcul de la vessie, qui, n'étant pas compris dans le programme de l'Académie, ne sera traité que secondairement dans ce Memoire, les personnes d'une âge avancé sont sujettes à divers accidens resultant des vices de conformation de la vessie et de l'urètre, à des deplacemens de ces parties, à des blessures, à l'inflammation, au spasme, à la paralysie, à des varices, à des fongus, au cancer, à la presence de corps étrangers dans leurs cavités, à l'endurcissement de la prostate, au rétrècissement de l'urètre, etc.

"Ces affections donnent lieu à deux vices dans l'excrétion de l'urine: l'incontinence et la rétention, et par suite à la rupture de la vessie ou de l'urètre, aux dépôts urineux et aux fistules urinaires.

"Parmi ces maladies, il en est de communes à tous les âges, bien décrites par les auteurs, sur lesquelles nous nous étendrons peu: d'autres, à raison de leur fréquence et de leur ténacité, peuvent être regardées comme propres aux personnes d'un âge avancé, dont elles sont un des plus grands fléaux. Elles n'ont pour ainsi dire été qu'indiquées par la plupart des auteurs; telles sont l'inflammation lente, le catarrhe chronique, la paralysie de la vessie: nous les considérerons sous tous leurs rapports, et nous tâcherons d'en exposer avec précision les caractères essentiels ainsi que le traitement."

The succeeding chapters, on malformations, herniæ,

introversion, and wounds of the bladder, contain little more than selections from the authors who have discussed those subjects, and seem to have no good claim to a place in what professes to be a work on the diseased bladder of old people. The author then treats of inflammation of the three several coats of the bladder. The inflammation of the peritoneal coat, as far as the bladder has that covering, differs in nothing from peritoneal inflammation in general; but the inflammation of the muscular coat is discussed more at large. It is either acute or chronic; it affects either the fundus or the neck of the bladder: but the acute stage, in either case, according to the author, runs its progress in from six to ten days; it is produced, in old people, by the presence of calculi, by catheteric applications, by cantharides taken internally, and, finally, what is always at hand to account for diseases, "la repercussion d'un vice dartreux, psorique, ou gouteux." There is nothing peculiar in the author's plan of treatment, and the symptoms of this species of inflammation are, we think, rather too nicely distinguished from the inflammation of the *mucous* membrane of the bladder, which is the subject of the next chapter. We should, however, make one remark on the use of the catheter in retention of urine as a symptom of this disease: the author directs, that the instrument should be of the smallest and finest kind, that it may pass freely into the neck of the bladder. Now we believe, that, provided there be no impediment in the urethra, generally speaking, the larger the catheter is the more easily it passes, and the less irritation it excites.

The catarrh of the bladder, or inflammation of its mucous membrane, is thus well described:

"Cette maladie se presente dans deux états, dans celui d'aigu et dans celui de chronique.

"Le catarrhe aigu se manifeste par une tension à l'abdomen, par des douleurs à la vessie, qui se propagent jusqu'à l'extrémité du gland, et qui sont accompagnées de difficultés d'uriner, d'envies de satisfaire ce besoin, quelquefois de rétention d'urine complète.

"L'urine, d'abord rouge et trouble, dépose par le refroidissement, le troisième ou le quatrième jour de la maladie, une matière muqueuse, blanchâtre, visqueuse, très-adherente au fond du vase.

"Le pouls est ordinairement accéléré, la langue sèche, la fièvre plus ou moins forte, sur-tout lors de l'invasion de la maladie.

"Après une durée de vingt à trente jours, ce catarrhe se termine ordinairement par resolution; quelquefois il occasionne la mort du malade, lorsqu'il est compliqué de l'inflammation de la membrane musculeuse; souvent il se termine par un engorgement indolent de la membrane muqueuse, qui donne lieu au catarrhe chronique de cette membrane.

"Cette maladie est fréquente chez les personnes avancées en âge:

celles d'un tempérament phlegmatique y sont plus exposées que les autres. Elle peut être produite par un refroidissement subit, une suppression de transpiration, sur-tout pendant un tems humide et froid, dans les constitutions catarrhales; par une irritation dans la vessie, provenant de la présence d'un calcul ou d'un corps étranger; par des injections de substances trop irritantes dans ce viscère, etc.

"Ce catarrhe est encore dû à la disparition d'une affection dartreuse, psorique et rhumatismale.

"La goutte peut encore l'occasionner. Les narcotiques donnés imprudemment à l'intérieur quand cette maladie occupe les articulations, l'application sur ces dernières, ou sur les ulcères goutteux, de topiques astringens, fortifians ou narcotiques, une disposition du sujet et un premier degré de débilité de la vessie produisent quelquefois le transport de la goute sur cet organe.

"Le catarrhe aigu de la vessie serait peu dangereux par lui-même; mais il l'est souvent à raison de sa complication habituelle avec l'inflammation de la membrane musculeuse de la vessie."

The inflammation of the prostate gland, as distinct from its chronic induration, the author considers as frequently a venereal symptom, and as one that may be subdued by mercurial friction. The symptoms are well described, but we must doubt the accuracy of some of the causes which are assigned, and we must enter our protest against the following mode of treatment: "When we have not been able to subdue the inflammation, and a fluctuation is felt in the tumor formed by the prostate, (query, is this fluctuation ever felt?) we must hasten to open it by plunging a bistoury deep into it from the perinæum."

The inflammation of the urethra, or gonorrhœa, occupies a long chapter; but, as it contains nothing very new or important, and as our readers will readily allow that this is not peculiar to old age, we shall only remark that, in opposition to the opinion of most writers, the author conceives it is no uncommon circumstance for this complaint to produce the true Lues Venerea.

The Hæmaturia is considered as either essential or symptomatic, and the two species are distinguished by the former being an exudation of fluid blood mixed with urine, from the vessels, without any wound; while the latter is an erosion, or wound, of those vessels, and the blood is usually passed without pain, and without the action of the abdominal muscles, that is, without the act of urinating. There is a third species of Hæmaturia, a flow of blood from the kidneys, which is very difficultly distinguished from the former kinds, but is usually attended with more pain in the lumbar region.

We shall not enter into the various causes assigned for this disease, in which the author, in common with most French

French authors, is very fertile. The treatment is often attended with difficulty; the remedies which will arrest the hæmorrhage in some instances, will in others accelerate it. Cold water, and ice, applied to the loins and abdomen, acidulated drinks, lime-water, a recumbent position, gentle laxatives, and spare diet, are the principal means relied on for the cure. When the complaint resists this plan of treatment, more active astringents, in which we have but little faith, are advised; and when the urethra is obstructed with coagulated blood, producing retention of urine, the catheter is recommended, and ablution of the bladder with warm water, or warm water and quarter part of lime-water added to it; but these remedies seem to us of doubtful efficacy.

A long train of symptoms is described as peculiar to spasm of the bladder and urethra; as spasm, without considering these symptoms in the manner of our less discriminating surgeons, as produced by the distension of the bladder. In these the catheter cannot be introduced during the attack of spasm, but is received with facility after the complaint has subsided. We wish the author had enlarged more fully on this important subject, as it appears to us that a great proportion of those complaints which are called stricture, are to be classed under this head.

There is a very good chapter on those affections of the urethra which are produced by varicose vessels in the canal, which is not commonly treated of by authors, but is, we believe, in old people, a very common cause of suffering, and which we shall probably take another opportunity to examine.

An Account of a successful Method of treating Diseases of the Spine; with Observations and Cases in Illustration. By Thomas Baynton, of Bristol, Author of a Treatise on Ulcers. 8vo. pp. 128. Longman and Co.

The treatment which Mr. Baynton recommends, is entire rest in the horizontal position. "Resting in the horizontal position, is as effectual in *improving circulation, favouring the deposition of bone, and promoting absorption*, as it is in preventing pressure, and allaying pain." In his early cases, the author conjoined with rest, the use of drains; in his later practice, he has not found them generally, if ever necessary, in the cure of diseases of the spine. In these cases, when a tonic remedy is indicated, he occasionally prescribes muriate of lime, but does not place great confidence in its alleged beneficial effects in scrofula. As rest is the chief means employed in the cure, it is essential that it should be obtained

obtained with the greatest ease to the patient, and that excoriation, and other inconveniences consequent upon long confinements in bed, should be avoided. For these purposes the author suggests, that—

"A crib, or narrow bedstead, must be procured, six feet in length, or rather, of a sufficient length to accommodate the patient; two feet one inch in height from the floor of the apartment to the floor of the crib, whereon the mattress is placed; two feet five inches wide, with posts three feet seven inches high, (including castors) to be turned (by a turner) as a common crib.

"It must be provided with a rail floor, instead of sacking; and with side boards to raise up and down; which, when half raised, will resemble the raised flap of a table, and must be supported with sliders, that can be drawn in or out when required; and which, when wholly raised, will furnish sides to the crib, for security, or warmth at night. The castors should be of brass, and of the strongest description.

"This crib is to be fitted with a mattress, from three to four inches thick, that has been French, or double stuffed, with the best horse hair; made two inches shorter, and two inches narrower than the crib, in the clear of the sides, head, and foot-board; for the purpose of affording room for raising the sides, and turning in the bed-clothes. Its width will be sufficient for the accommodation of the patient, though its dimensions will admit it to be drawn through the doorways of the patient's day and night apartments. Its height, when just the mattress is placed upon it, will be sufficient to raise the patient to the level of a common table."

By this means the patient may be readily moved from one apartment to another, and thus have the advantage of changing the atmosphere, and enjoying the pleasure of society.

The author has annexed several cases in support of his practice, and we feel much satisfaction in inserting some of them for the benefit of the public.

"The friends of Miss ——, about 16 or 17 years of age, requested my attendance at the village of Bishport, near Bristol, on the 5th of December 1802.

"On my arrival I was introduced to three young ladies, who were sitting together in a parlour apartment, all apparently in good health, and remarkably cheerful. The parent of the lady who was to become my patient, asked me if I could discover the invalid, and on my replying in the negative, she told me that her daughter, whom she then pointed out, was completely palsied by a disease of the spine, for which sea-bathing, and a mechanical apparatus for the removal of pressure, had been a long time used without the slightest advantage.

"She also informed me that her application to me had been made in consequence of the recommendation of Mr. ——, a gentleman of the

the most distinguished eminence in London, for the advantage of whose opinion she had, by the advice of her physician, gone with her daughter to London, and had just returned; having previously thereto procured a new set of machinery, from a person I believe named Jones, by the advice of the gentleman above alluded to.

"On examining the diseased part, I found a considerable projection of two of the dorsal vertebræ, and the contiguous parts in a very tender state.

"I also found that the sensibility of the legs, thighs, and other parts below the diseased, was so completely destroyed as to make it impossible to excite the slighest sensation, by pinching, pricking, or any other means.

"I considered it a duty to apprize the relations of this interesting and very amiable young lady, that much time ought not to be lost in the trial of the new apparatus, if relief were not experienced. It however unfortunately happened, that a period of more than five months was employed in its trial.

"On the 15th of the following May, 1803, I was requested again to see this lady, and to adopt any means which I might consider to be likely to afford a chance of recovery. By this time a remarkable change had taken place. The cheerfulness and appearance of health, which at my first visit had been so astonishingly preserved, as to have occasioned no perceptible difference between her and her healthy companions, were entirely gone, Her general appearance was now so unfavourable, as to occasion me to fear that her life could not be preserved till a trial could be given to the means I intended to have recourse to.

"One great point was however gained by this apparently unfortunate state of circumstances. A determination had been made by the very anxious relations, to adopt, implicitly, any means that might be recommended.

"She was immediately placed on an unyielding mattress without a pillow; setons were inserted on each side of the diseased vertebræ, and instructions were given to observe, with the utmost care, that the body should never be raised from the horizontal position, or moved for any other than natural purposes, or the dressing of the setons. A suitable regimen, and medicines adapted to the varying circumstances of the case, were exhibited. The general health soon became improved; but it did not happen till the eleventh month that any sensation was experienced in the palsied parts. About that time a tingling was felt in the legs; and from that period the recovery proceeded so rapidly, that at the end of the fifteenth month she could walk without inconvenience, and by the end of the eighteenth month could run, leap, and dance, as well as she ever could in her life.

"The protruded processes of the vertebræ continued to project, in consequence of the occurrence of anchylosis previously to the adoption of recumbency.

"I have had frequent opportunities of hearing from this lady and her friends, that no tendency to relapse, nor any inconvenience, has been

been experienced since the completion of her cure, a period of nearly ten years."

"On the 17th of April, 1811, I was consulted by the friends of Miss ——, aged 15, on account of a disease of the spine, for which setons had been recommended. Upon examination, a slight lateral curvature was observed, and on pressing the processes, it was discovered by the tenderness, that some of the dorsal vertebræ were in an inflamed state. Absolute rest, in the manner described, was therefore recommended; and as the general appearance indicated that a tonic remedy was necessary, the muriate of lime was ordered; no material affection of the parts below the diseased had occurred, nor had the general health been much injured.

"I did not see this lady a second time. She was removed to the country, and the directions observed there. A perfect cure was obtained in six or seven months, but of the exact time I am not certain."

"Master Wm. Castle, son of Thomas Castle, esq. of Portland-square, Bristol, when about a year old, was observed to have lost his health, and it was discovered that he could not move his legs as well as he had been accustomed to do. On examining the spine I discovered that four of the lower dorsal vertebræ were in a diseased and protruded state, and that great pain was occasioned by moderate compression, either of the bones or contiguous soft parts. Absolute rest on a hair mattress was strictly enjoined; the muriate of lime, in appropriate doses, directed, and the constant care of a confidential servant ensured. The advantages resulting from those means were soon apparent; they continued progressively to increase till the cure was accomplished. At the end of the tenth month he was allowed to roll and play on a carpet; in a short time after he got on his feet without assistance, and has continued in perfect health from that time to the present. The curve is entirely removed."

From the perusal of Mr. Baynton's judicious remarks, and reflecting upon the success which he has happily obtained, we have no doubt that the practice will prove efficacious in many cases. He has, however, candidly mentioned some instances of a disease in the hip-joint, as well as a disease of the spine, in which the means he recommended failed. Considering the nature of the disease, we are not surprised at this circumstance; indeed we think Mr. Baynton has been very fortunate to have experienced so few disappointments in the cure of a malady which often resists the utmost efforts of art. From the short view we have given of the author's publication, our readers may try his practice for themselves; but we would also advise them to obtain the work itself, which contains much useful information in a small compass.

Anatomy

Anatomy of the Heart, Cranium, and Brain, adapted to the Purposes of the Medical and Surgical Practitioner; to which is added, in Notes, Observations on the Laws of Life and Sensation. By ALEXANDER RAMSAY, M.D. Lecturer on Anatomy and Physiology in Edinburgh. 4to. Fasciculus I. pp. 66. Second edition, much enlarged. Longman and Co. London; Constable and Co. Edinburgh. 1813.

A Series of Plates of the Heart, Cranium, and Brain, in imitation of Dissections (to accompany the preceding). 4to. Second edition. By ALEXANDER RAMSAY, M.D. &c. Longman and Co. 1813.

As a teacher, we remember Dr. Ramsay was particularly curious in his demonstration of the brain, and successful in displaying its admirable conformation. It gives us pleasure, therefore, on this occasion to renew our acquaintance with him, and extend the knowledge of his work amongst professional readers. Although the present number forms the first fasciculus of a complete system of anatomy, it may be regarded as a distinct work upon the subject of which it treats. The author has even dived into metaphysics, and will probably obtain more readers out of the profession than in it. He is a decided anti-materialist, and has taken great pains to distinguish those operations of mind which depend upon material organs, and those principles or qualities of the soul which are independent of them. This effort of the author produced the following observation from Sir Joseph Banks: "I give you abundant thanks for your most laudable attempts to destroy the baneful system of materialism, and to explain the hitherto incomprehensible mixture of mortality and immortality of which we are composed."

The work is materially assisted by the plates, which are executed in the style of dissection; and by an ingenious contrivance of the author's, the various complicated parts of the brain can be separated from each other, or be made to assume the appearance of an united whole. This has been attempted formerly, but Dr. Ramsay's contrivance is better adapted than any we have yet seen.

The letter-press embraces two objects—A minute anatomical description with references (which are also given in the text), where the thread of demonstration is not interrupted by any physiological inductions. 2dly, The physiology of each subject in the text is given in notes, immediately beneath the anatomical description. Thus the speculative philosopher may investigate the wonderful doctrines of the animal and intellectual economy of man, without the fatigue of

making himself familiar with those anatomical minutiæ, so essential to the medical character—who again may avoid perplexing his understanding, or encumbering his memory, with the author's metaphysical opinions.

We shall not dwell upon the anatomical part of the work, as it is the production of a man whose lectures on the subject are well known, and his present performance is sanctioned by the names of several eminent physicians, anatomists, and teachers. Some of Dr. Ramsay's doctrines, however, are curious, and somewhat novel: we shall introduce a portion of them to our readers' notice.

The author commences with the heart and arteries, and to their operations assigns the universal phenomena exhibited, not only in the growth and progressive stages of the animal being of man, in health and disease, but also those ideas or operations of mind which are gradually developed. Even the ideas of man, in a material state of existence, he observes, owe their origin to corporeal organs.

"We discover these promoting the growth and attachments of the child. They build up organs which give being to the functions and feelings of puberty. The genius and varied stages of maturity succeed. These same organs decay. New and corresponding modifications fill their place. Man is intended to advance from one period of perfection to another, as an intelligent and moral agent; and when the heart and arteries fail to actuate him as an animal, their physical offices, after mid-life, leave him at leisure to contemplate, more minutely, the nature and intention of his immortal being, through the same progressive medium of natural organs which affected the previous periods of life. The brain seems continually actuated through the medium of these primary agents; the state of which as physically induces solid and exalted ideas in old age, unexcited by vigour, sexual organs, and in possession of wisdom; as in youth we discover lively fancy, or ambitious froth, flowing from the presence of vigour and sexual organs, in the absence of experience. I must be understood to consider these objects as an anatomist, so far as mortal and changing organs have an influence in promoting the phenomena connected with an immortal essence.

"The heart and its vessels seem to derive their powers as acting organs from their muscular economy. From the vitality of these, on which the varied modifications of action depend, all physical phenomena seem to derive their origin, whether we contemplate life, growth, health, disease, the varied talents of men, or the phenomena of decrepitude and dissolution.

"The vitality of muscles would seem dependent on some superadded principle, which is continually applied to an inherent state of organization, which presents a capability or capacity, admitting of excitement by the various appropriate stimuli connected with animal being; for the vital organs, although continuing the same, instantly expire in the absence of the atmospheric and other fundamental

agents; on the other hand, when the organs have accomplished their various stages, stimuli are applied in vain. Mortality seems to be a necessary termination of living organized bodies; the inherent capability or capacity for being excited, seems to suffer diminution by every pulsation the heart and vessels perform. The same aliment, atmosphere, solar and other influences, therefore, which excite living action, likewise promote the process of death; and those active external powers which administer to the living, precipitate the valetudinary and the dead to decomposition, again to form new and endless compounds. Life itself may really be deemed a living decomposition, of which the various stages of existence are periods, and death its termination, as an organized whole.

"Muscular matter, from its influence on the nervous system, appears the acting agent on which the result of sensations depend. If heat, cold, light, or darkness, communicate certain actions to the vessels, which are taken notice of by the soul, through the medium of the nerves and brain, as objects of reflection—by whatever means these actions take place, must not the same mental conclusion follow? Mankind are naturally apt to confound ideas connected with sensation, which are operations of *soul*, with *soul itself*. Nothing seems a stronger illustration of the immutable nature of *soul*, than the mutability of *ideas*, or operations of *mind*, so far as they are connected with sensation. In this transitory state of existence, the *immortal soul* is informed through the medium of *mortal organs*, so far as sensation is concerned;—a single rash action, or inordinate thought, may, in an instant, subvert the economy of these organs, and then the profound mind shall exhibit the distraction and incoherence of the maniac. We startle at these awful results of morbid states of the heart and arteries, forgetting that the possession of understanding is only a consequence of another modification of the same organic operation. Could we expect, where a wise God is concerned, that one species of action should occasion its appropriate intellectual effect, and that another should fail in its corresponding consequence? We look with calmness and expectation at that state of organs, the action of which induces pleasure and a sane mind; but we startle when inordinate action induces its corresponding ideas. But both states prove to us the influence of corporeal organs (continually obnoxious to change) on the unchangeable intellectual principle which takes cognizance of these changes; and these phenomena are the true results of corporeal function in the collected mind, as well as the unhinged understanding, both of which exhibit those intellectual phenomena which correspond with corporeal health or disease of this fabric, which composes the material instrument of the soul. We may therefore denominate muscular economy the physical basis of sensation, and such reflections of intellect as flow from such material operation. Hence the laws of *Religion* are the rules of *health* and *correct ideas*. The *healthful* and *sober* man, sees and feels things as they are, because the muscles of his heart and arteries are only excited when objects are present to excite them. But *disease* and *intemperance* induce a state of system, when the *legitimate* operations of muscles are *suspended*, and of their own accord they assume those ac-

tions (on which sensations depend) in the absence of exciting causes. On such occasions, the phantoms of clouds and darkness often occur in clear sunshine—light and flashes of fire are apparent when we are enveloped in the real gloom of night—various colours float before the eye of the valetudinary—nauseous tastes, ungrateful odours, confused sounds, and teazing feelings, distract and mislead the victim of morbid action, which have no existence but in the convulsions of imbecile muscular matter, which often fails, on the other hand, to be actuated by natural appropriate stimuli. Pleasant sensations are rarely experienced by a morbid state; pleasure is that action, depending on a state of system prepared for and dependent on the reception of physical stimuli. The notion of morbid strength, therefore, in the paroxysms of febrile and other maladies, seems very erroneous; as these actions are really the convulsive and involuntary struggles of unhinged nature, which never take place in health or strength. We discover in *articulo mortis*, that the individual has no power to effectuate voluntary exertions; but the muscles of the limbs of their own accord, contrary to will, contract with violence—the penis is often suddenly erected—the muscles of the abdomen, rectum, and vesiculæ seminales expel their contents, &c. These seem not the consequences of strength, but the results of expiring muscularity, which never takes place in a state of strength, but in debility. The same observation holds respecting the morbid action of the heart and arteries. The heart and arteries of a healthy man contract gently on the application of their contents. Suppose this man exposed to excessive fatigue, endemic miasmata, or any debilitating cause; the imbecility induced, occasions the same blood to promote the convulsive throb of fever. The discreet application of cold effusion shall in a short time restore lost energy, equipoise takes place, and convalescence of the system is assumed. Do these circumstances denote morbid strength —or morbid action from induced debility? Phlebotomy is only another means of attempting the same end. Contraction is the physical action of muscle, while relaxation is its forced state. When the transverse fracture of the patella occurs, the rectus contracts, but never is relaxed of its own accord. On this simple law would I be induced to explain the varied phenomena of the animal economy. Without any exertion on our part, the sphincter ani observes its physical contractility, till forced by air or feces to yield to superior power; and we can demonstrate the difference between physical and induced contraction, by the stimulus of the mind, or any foreign body affecting the anus, as by these applications it is thrown into a violent and convulsive state of contraction. In the levator palpebræ too, we discover the distinction between physical and induced contraction. When fatigue has overwhelmed the powers of nature, the levator palpebræ, which has been continually in an induced state of contraction by mental influence, is overpowered by the superior contractile physical power of the sphincter oculi,—the eye continues shut till nature has been restored to energy by the suspension of mental influence during sleep. When organic energy is consummated, mental cognizance again occasions the contraction of the levator palpebræ, and the sphincter returns to a relaxed state.

In

In a note, p. 14, the author conveys a hint to philosophers, to investigate anatomical structure and the leading causes which influence living matter, before they assign reasons for the variety in human figure, genius, and maladies. Note, p. 21, affords some suggestions on apoplexy and obesity; p. 45, observations on idiotism, hunger, &c. The following remarks on the latter subject are curious: "This morbid hunger seems a very universal state of feeble subjects, and would appear to depend on the action of the gastric fluid on the languid state of the stomach, of which healthful hunger would appear a species, though more easily allayed. Does death-hunger, as it is vulgarly termed, support this opinion? In the fevers of America, wherever patients expressed sudden and violent desire for food, they never lived; they often died with the bread in their mouth, mingled with the blood which flowed from their gums and nostrils. On the contrary, while active fever is assumed, the irritable state of the stomach rejects food, - I observed the most salutary effects take place frequently (when the stomach and brain exhibited the most morbid symptoms), from applying to the forehead a number of layers of a towel, wrung out of cold water, and this cold kept up. In such cases, cold affusion was inadmissible; the stomach revolted at every application; the gentle stimulus of the cold was diffused, and the stomach was allayed in its irritability. Vapour bath had a similar effect."

In note, p. 40, is a comparison between the brain of the human and of the brute-species; and at p. 51, some ingenious remarks occur on sensation, the finer senses, and certain intellectual phenomena. Dr. Ramsay regards the nerves as "agents intervening between the material world and the soul."

"Wherever we view the animal machine, the actions communicated to the heart or arteries seems ultimately impressed on the nerve, and thence to the sensorium commune. The office of muscular fibre seems action. We discover the heart pulsating, though torn from its cavity and nervous appendages; and the whole mass of muscles of an animal, after the head is separated, shall tremble for a time by the stimulus of the atmospheric fluid, or the application of a pointed instrument. The office of the nerves seems that of reception of actions. All sensations seem modifications of touch. When you apply the tip of your finger to an object, that object affects the living vessels, the action of which is impressed on the nerve, and thus communicated to the brain. Since arteries are formed of a congeries of muscular annuli, and muscles contract on application of stimuli, (nerves being composed of medullary and cineritious matter, interwoven with living vessels) these communicate the action to the nerves, which correspond to the impingence received by arteries, from material or intellectual influence. The shock of a thought becomes

comes occasionally as fatal as the flash of lightning. The same observation applies to the other senses, which are touched by their appropriate objects, as the eye, &c. These convey or do not convey sensation, as bodies adapted to excite them are applied. The same applications and actions, however, which occasion sensation, may have being, and no sensation take place; which seems to afford a clear demonstration between mere life and action, and intellectual operation; and proves that, however material organs may render us acquainted with a material world, these organs, as well as the objects impressed on them through the medium of their structure and offices, are known to us only through the medium of the soul. When we investigate correctly these physical and intellectual phenomena, their true and distinguishing characters seem so unequivocal, that we must be surprised that so many great men should, by listening to preconceived opinions, embrace contrary and absurd extremes, by neglecting to look at nature, and failing to revere religion. Motion and ideas are both realities; they are each distinct consequences of matter and intellect. Pain and pleasure of body are as much intellectual operations, dependent on connection with material organs, as compunction or self-approbation are purely intellectual results, flowing from the laws of our Maker, written on our mind. Whatever is discovered by human nature, physically or intellectually, becomes so from the presence and attention of soul. If I agitate the point of your finger, you complain of titillation; but when you are sound asleep, though the same irritation may be applied, and yet be unfelt, the same exciting cause, as well as its corresponding physical arterial action, has taken place. Does this lead us to a key, by which may be opened the mysterious fact, of the distinction between body and mind? The person who reads this is all over alive; his wonderful fabric is a thrilling being, suspended between life and death; of this fabric, however, at this moment, he has no cognizance, if in health. The mind has no cognizance of absolute healthy action, till excitement takes place. Deep and mortal wounds communicate little or no sensation, though inflicted even on the hemispheres of the brain, till morbid action occasions cognizance: a proof of sensation having being where nerves are not concerned. If you read this subject with attention, your right hand, as well as every other part of your corporeal system, is unknown to you, till I brought you to recognize this circumstance, that you are possessed of organs of which you are not conscious: but you had complete cognizance of the subject before us, and that alone. The actions therefore necessary to sensation seem to depend on a certain state of motion in the vessels, without which there is no cognizance. Mere life and health is a consequence of arterial action, unconnected with cognizance. Sensation of pleasure seems a gentle agitation of the vessels and nerves, and pain an inordinate convulsion of the same organs, both of which are taken notice of by the soul. Disease, therefore, is a continual cognizance of morbid action; and even excess of lawful action predisposes to disease."

For a further elucidation of this subject, see the note in p. 53 and 54. This note concludes with hints and reflections upon

upon madness. At page 57 we meet with a direction for dissecting the eye, which we believe was first introduced by Dr. Ramsay in his school at Edinburgh.

Note, p. 59, gives a new view of the distribution of the nerves supplying the muscles of the eye, the author contending that diversity of nerves is necessary to superinduce similar actions in dissimilar muscles—as agents supplied by similar nerves assume with difficulty those motions which are dissimilar. For the illustration of this doctrine, see note, p. 59 and 60.

We have now presented our readers a slight sketch of Dr. Ramsay's first fasciculus: its conclusion, page 60, contains more piety than is usually met with in books upon anatomy, and we think the work especially adapted to interest the taste and gratify the curiosity of *serious* readers. The student, indeed, may, through its medium, become acquainted with anatomy, though he may not have time to enter upon those abstruse speculations which occupy the greater portion of the notes. We understand the work is highly and illustriously patronized;* that the succeeding fasciculi are nearly ready, and will present, in the plates, a system of dissections that may be studied without handling the knife, or offending the senses.

It has been shrewdly observed that there is no royal road to science; but in the work before us, we have a royal road to anatomy, and a sharp cut at materialism.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

ROYAL SOCIETY.—January 20th.—Sir H. Davy communicated, in a Letter to the President, a long paper from Paris, on a new gas discovered in that city by M. COURTOIS, a manufacturer of saltpetre. It appears that this gas was discovered above two years ago; but such is the deplorable state of scientific men in France, that no account of it was published till the arrival of our English philosopher there. M. Courtois communicated his discovery to Clement and Desormes, who made some experiments with the gas, and latterly M. Gay Lusac has devoted his attention to an examination of its history and properties. Mean time Sir Humphry has made a great number of experiments on it, and would have made several more had he not wanted the necessary apparatus in Paris. M. Courtois was led to the discovery by observing how rapidly his metal pots were corroded in preparing the different kinds of sea-weed, which he used for making carbonate of soda. When the soda is extracted from the sea-weed, the new gas is easily

* The second number will be dedicated by permission to the Duke of Kent.

disengaged;

disengaged; by pouring strong sulphuric acid on the residuum, at the temperature of 158°, a beautiful dense violet-coloured elastic fluid rises. This the French chemists propose calling *iode* gas, from ἰωδης, *violaceous*; but Sir Humphry, considering the English idiom, denominates it *violaceous* gas. Its properties are singular: combined with hydrogen, with phosphorus, and with oxymuriate of silver, (argentane of Davy) it forms a peculiar acid; it is a simple or uncompounded gas, at a suitable temperature a permanently elastic fluid, but heavier than any known gas, 100 cubic inches weighing 95·5 grains: it is a non-conductor of electricity, experiences no change exposed to the action of the Voltaic battery with charcoal, is not inflammable, and does not support combustion. As a simple substance it has many analogies with oxygen, chlorine, and the alkalies: like oxygen, it rapidly unites with the metals: mercury, tin, lead, zinc, and iron, are converted by it, in a moderate temperature, into salts of orange, yellow, and brown tints, which are soluble in spirits, ether, and water, and form beautiful pigments, and most probably may be equally serviceable in the dye-house. Exposed to a moderate cold, it condenses into solid plumbago-coloured crystals. Combined with hydrogen, it forms what the French call hydroïonic gas. Like the alkalies, it unites with oxygen, from which it can be expelled by heat. The existence of this substance confirms the opinion previously given by Sir Humphry, that acidity and alkalescence do not depend on any specific principle, but on certain modifications of matter. This chemist concludes his important paper with some observations on the necessity of a new nomenclature, and proposing several arbitrary terminations to distinguish the various substances which, according to the principles of a significant nomenclature, would be called *iodats*. But his observations on this head are, as usual, submitted with the utmost diffidence, and merely as hints on which some general principles may be founded. It is, indeed, evident that the whole nomenclatural theory of Lavoisier is completely set aside by the subsequent discovery of facts, and it is time that chemists would unite together to form a new chemical vocabulary better adapted to the actual state of our knowledge.

Medical Society of London.—The Anniversary Meeting of this Society will be held at their house, in Bolt Court, on Tuesday the 8th of March; when the officers and council for the ensuing year will be elected, and the names of the successful candidates for the medals announced. At half past three o'clock, precisely, the annual Oration will be delivered by Dr. George Reid, at the London Coffee House, Ludgate Hill; after which the Society will dine together, as usual.

The pressure of other matter prevented our inserting an account of Mr. Stevenson's introductory lecture on the eye and ear, delivered on the 25th of January, to a very respectable audience. The discourse commenced with some general observations on the admirable structure of the human body, and of the eye in particular; the utility of the senses was touched upon, and the "inestimable value of sight" was duly appreciated. The ingenious lecturer then took "a cursory and general survey of that mechanism by which the eye is so exactly adapted to the impressing agent, as to be capable of exhibiting

exhibiting the phenomena of vision, and thereby of communicating to the soul so many diversified and animating perceptions." We were particularly pleased with the perspicuous description of the anatomy of the eye and the ear. The evident utility of these elegantly constructed and essential organs, was described in the most animated language. In the course of this lecture, Mr. Stevenson did not insist upon the necessity of separating these particular organs from the anatomy and diseases of other parts of the body, which are usually comprehended in the lectures on anatomy and surgery, by professors. He offered, however, some strong arguments in favour of such division, observing, that "the multiplicity of topics necessarily embraced in a general course, renders it impossible to enter into a minute description of parts which constitute so small a share of the vast and interesting whole. And for similar reasons a great majority of the diseases of these organs are slightly adverted to or unavoidably omitted." To this cause he attributed, in a great measure, "the lamentable prevalency of empyricism in the treatment of disorders of the eye and ear." We understand that Mr. Stevenson intends to repeat this course annually.

According to the report of several *Apothecaries* residing in various districts of the metropolis, the following was the average of the diseases in London between December 20th and January 19th:—

Anasarca	18	Dyspnœa	44
Ascites	8	Dyspepsia	90
Asthma	182	Dysuria	7
Acne	3	Ecthyma	3
Apoplexia	13	Eczema	11
Aphtha lactantium	10	Erysipelas	28
Amenorrhœa	21	Enteritis	9
Asthenia	22	Enterodynia	8
Abortio	8	Enuresis	5
Bronchitis acuta	147	Epilepsia	7
——— chronica	66	Epistaxis	3
Cancer	5	Febris remittens	58
Chlorosis	16	—— intermittens	14
Cholera	6	Gastritis	1
Chorea	2	Gastrodynia	22
Cephalalgia	22	Hæmatemesis	1
Colica	28	Hæmoptoe	9
Catarrhus	312	Hæmorrhois	10
Convulsio	20	Hepatitis	35
——— Puerpera	1	Hysteria	13
Carditis	2	Hydrocephalus	7
Cynanche Tonsillaris	56	Hydrothorax	3
——— maligna	9	Herpes	18
——— Trachealis	4	Hypochondriasis	12
——— parotidea	10	Icterus	12
Diabetes	1	Impetigo	4
Dysenteria	13	Ischuria	2
Diarrhœa	82	Leucorrhœa	3

Lepra	2	Pyrosis	9
Lichen	2	Pericarditis	1
Mania	1	Rheumatismus acutus	72
Menorrhagia	25	Rheumatismus chronicus	70
Miliaria	2	Rubeola	15
Morbi Infantiles	102	Scabies	91
—— Biliosi	89	Scarlatina simplex	5
Nephritis	4	—— anginosa	15
Nephralgia	1	Splenitis	1
Obstipatio	3	Scrofula	30
Ophthalmia	42	Synochus	5
Ophthalmica	1	Sycosis capillitii	1
Paralysis	13	Tabes Mesenterica	9
Phthisis Pulmonalis	35	Trismus	1
Pertussis	37	Typhus	12
Peritonitis	3	Tic Douloureux	1
Phrenitis	9	Variola	12
Pneumonia	119	Varicella	17
Podagra	25	Vermes	38
Porrigo larvalis	5	Vertigo	23
—— scutulata	3	Urticaria	6
—— favosa	2		
Psoriasis	15	Total	2502
Purpura	2		

The Deaths in the Bills of Mortality from December 24th to January 28th, 1814, according to the returns of the *Parish Clerks*, were as under:—

Males	779
Females	701
Total	1480

The following recipe is recommended as a most efficacious remedy for Chapped Nipples:—℞. Boracis, ʒfs. Mellis, ʒfs. Farinæ tritici, q. s. ad consistentiem idoneam.—This is to be spread thickly on lint, and applied to the parts affected. Honey is in itself an excellent application for this purpose. Our readers will probably recollect, that two very useful and popular remedies are, honey and the salt prunella. If the latter be used, a piece of it is usually carried in the pocket, and after being moistened with the tongue, is smeared over the chaps several times a day, and a cure is soon effected. Whether the combination of this salt with honey be equally efficacious with the borax in relieving the affection of the nipples, must remain for future experiments to determine.

A contagious fever producing an alarming and daily increasing mortality having prevailed at Gibraltar during the summer and autumnal months of 1813, the following account of it, drawn up by a medical officer of that garrison, will be found interesting. After stating that on the 3d of December last the disease totally disappeared, the writer proceeds:

When the disease commenced, the population was 15,600 inhabitants;

bitants; and the garrison with their families amounted to 5,500. Of their inhabitants, nearly one-half took shelter on board of ships, or were forced to encamp on the neutral ground, where they all continued well, with very few exceptions, none having been taken ill after they had quitted the place six days. Of the inhabitants who remained, to the number of 7,870, upwards of 3,800 had had the disease in 1804, who all escaped, no well-authenticated case having appeared of any person taking the fever a second time: of the remainder, not more than 40 escaped an attack of the fever; yet upwards of 2,600 of the garrison and their families escaped, by their being encamped outside of the town and on the heights above it, and avoiding all communication with the town.

The disease appeared to originate solely from contagion, as every person outside of the walls, or who kept themselves in complete seclusion, remained in perfect safety: and all the numerous vessels lying in the Mole and Bay, though crowded with inhabitants, continued perfectly healthy whilst they avoided communication with the town; but in six different instances, where they neglected this precaution, the fever appeared on board.

The average mortality of deaths was one in five. In more than half of the fatal cases, the black vomit took place. Yellowness of skin was rather an uncommon symptom, and seldom occurred but in fatal cases, and then was of a dingey mahogany colour, and commenced a few hours before death.

The faculty now seem generally to agree that the disease is similar to that of 1804, and that it is a distinct disease from the bilious remittent fever, and has been introduced by imported contagion, and propagated by contagion alone, as the season has been one of the coolest and healthiest ever known.

We have great pleasure to announce that Mr. BROOKS, of Blenheim-street, has liberally opened to the medical profession, and men of science, his very curious and extensive museum; the result of many years of personal labour, intense mental application, and considerable expenditure of money.

The building which contains this great and choice collection of anatomical Preparations, human and comparative, with specimens illustrative of the most interesting classes of natural history, consists of a principal room, forty-five feet in length, twenty-one broad, and forty high; with two lateral apartments, opening from the large room, each eighteen feet in length, ten wide, and of a proportionate height. The whole is fitted up and decorated in the Egyptian style, executed with great truth after the designs, and under the direction of *Mr. Bond*, an architect eminent for his chaste and classic taste.

Mr. ARMIGER, has been unanimously elected the surgeon of the Eastern Dispensary.

Third Report of the London Committee of Apothecaries and Surgeon-Apothecaries of England and Wales.

THE Resolutions of this Committee of Sept. 4, 1813, which were proposed and published as the bases of a new bill, were sent to each of the chartered medical bodies.

On Oct. 29th ult. the Court of Assistants of the Society of Apothecaries passed a resolution (No. 1), which was directed to Mr. Ward, Secretary to the Committee.

A note from Mr. Balfour, Secretary to the College of Surgeons, dated Oct. 11th ult. was also addressed to Mr. Ward, which merely

acknowledged that the Memorial, and the Resolutions of Sept. 4th, had been received.

The Committee conceived it to be their duty to direct their Report, and the Resolutions before specified, to such Members of Parliament as had evinced an interest in the intended measure. In consequence a communication took place between the Right Honorable George Rose and the Committee; and the result was transmitted by Mr. Rose to the Executives of the Royal Colleges of Physicians and Surgeons, as was also a Resolution of the Committee (No. 2) dated Nov. 19th ult.

At this juncture, the petition for leave to bring in a bill was presented to the Honorable House of Commons, by John Calcraft, Esq.

On the 2d instant the Chairman was honored with a note from Mr. Rose, inclosing a letter he had received from the President, with the Report of the Royal College of Physicians (No. 3.)

Upon this, the Committee ordered copies of the said letter and report to be sent to the Masters of the College of Surgeons and of the Society of Apothecaries, which they accompanied with a Resolution, dated the 7th instant, importing their readiness to confer with each of those bodies on the subject of the Report. The note (No. 4) has been since sent from the College of Surgeons.

The Court of Assistants of the Society of Apothecaries met on Thursday last, and appointed a Committee of their body to take into consideration these several papers; and a conference between the two Committees was to take place at Apothecaries' Hall, on Friday the 25th instant.

The Committee have embraced the earliest opportunity of laying these proceedings before the medical public, but beg leave to refrain from offering any comment while a measure of such importance is in the course of arrangement.

Feb. 22, 1814.

No. 1. *Apothecaries' Hall, Oct.* 29, 1813.

Resolved—"That this Court, after taking into consideration the memorial addressed to them from the Committee of the Society of Apothecaries and Surgeon-Apothecaries of England and Wales, together with the reply of the Royal College of Physicians enclosed to their memorial, are of opinion, that this Court cannot enter into measures for any improvement in pharmacy but in conjunction with that learned body. "S. BACKLER, Clerk."

To Mr. Ward, Secretary, &c.

No. 2.

RESOLUTION of the GENERAL COMMITTEE.

Resolved—That this Committee determine not to apply for the formation of a fourth medical body, for the purpose of examinations, if the powers of the present chartered bodies can be so extended as to accomplish the objects which the printed Resolutions of the 4th of September embrace.

The Committee will therefore be happy to confer with the executives of the three chartered bodies, upon the basis of the above statement; and prior to that conference, would prepare a detail of such propositions as they conceive will be proper to form the heads of a bill. But, as they consider themselves to be deputed by, and acting for, the Apothecaries and Surgeon-Apothecaries of England and Wales, they must reserve to themselves a right to make such proposals known to their constituents, before they are considered as giving a final assent.

Committee Room, Nov. 19, 1813.

No.

No. 3.

LETTER of DR. LATHAM, President of the Royal College of Physicians, to the Right Honorable GEORGE ROSE.

SIR, 2, *Harley-street, Jan.* 27, 1814.

I have the honor of transmitting to you the Report of the Committee of the Royal College of Physicians, as laid before the College at the last Comitia, and am sincerely happy in the prospect afforded of matters being at last satisfactorily adjusted; for although the College did not agree with the Committee in one point, yet you will see it is a point not at all affecting the material provisions of the bill. I have the honor to be with great respect, Sir,

Your very obedient Servant,

(Copy) J. LATHAM.

Jan. 25th, 1814.

Copy of the Report of the Committee appointed to take into consideration the papers relative to the bill intended to be framed and brought into parliament by the London Committee of Apothecaries, addressed by the Right Honorable George Rose to the President of the Royal College of Physicians, and by him submitted to the last Comitia Majora held at the College.

The Committee having met in pursuance of the orders of the College, and having deliberated upon the papers referred to their attention, *unanimously* agreed to recommend the following Resolution to the adoption of the College.

Resolved,—That the President be empowered to inform the Right Honorable George Rose, that the Royal College of Physicians have no objection to the formation of a bill to be brought into parliament by the London Committee of Apothecaries, upon the bases of certain Resolutions published by the said Committee, and dated the 4th of September, 1813, provided the powers therein contained be vested in the Society of Apothecaries, as established by the charter of King James; and provided the bill, before it shall be brought into the House of Commons, be submitted to the consideration of the College of Physicians for their examination and approval.

This Report was received and approved by the College, with the exception of the 4th Resolution, viz.

"That no person acting, or having acted as full surgeon or apothecary in the army or navy, shall be liable to an examination, except as to his qualification in midwifery." The College requiring that all persons who have acted in any department of the army or navy as medical practitioners, should not thence derive any authority to practise, unless examined by the constituted bodies.

No. 4.

(Copy.) *Royal College of Surgeons, Feb.* 12, 1814.

SIR,—I am directed by the Master of this College, to acknowledge the receipt of your letter and enclosures of the 8th instant, and to return you his thanks for the same. I am, Sir,

Your most obedient Servant,

WM. T. WARD, Esq. EDM. BELFOUR, Sec.

Dr. SQUIRE will on Tuesday 22d begin a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children.

Dr. BURNETT, late Physician and Inspector of Hospitals to the Mediterranean Fleet, has in the press a work, Part I. containing a practical Account of the Mediterranean Fever, with cases and dissections. Part II. the History of Fever in the Fleet during 1810, 1811, 1812, 1813; and of the Gibraltar and Carthagena Fever.

LONDON

LONDON PRICES OF DRUGS.—Feb. 26.

(To be continued regularly.)

	£	s.	d.	£	s.	d. per
Aloes Barbadoes, from	20	10	0 to	21	0	0 C.
—— Cape	10	0	0	11	0	0 —
—— Succotrine	20	0	0	0	0	0 —
—— Epatica or E.I.	10	0	0	12	0	0 —
Angelica Root	10	0	0	12	0	0 —
Alkanet Root	8	0	0	0	0	0 —
Antimony Crude	3	15	0	4	0	0 —
Aqua Fortis	S.	0	8	D.	1	1 lb
Arrow Root fine	0	2	0	0	3	6 —
—— ordinary	0	1	0	0	1	6 —
Arsenic Red	5	15	0	0	0	0 C.
—— White	3	5	0	0	0	0 —
Balsam Capivi	0	5	6	0	0	0 lb.
—— Peru	0	19	0	1	0	0 —
—— Tolu	0	12	0	0	13	0 —
Bark Jesuits Com.	0	3	6	0	4	0 —
—— Second	0	6	0	0	7	0 —
—— Quil or best	0	8	0	0	10	0 —
—— Red	0	7	0	0	10	0 —
—— Yellow	0	4	6	0	5	0 —
Borax refined E.I.	none.					
—— English	0	3	6	0	3	8 lb.
—— unrefined or Tinc.	10	0	0	11	0	0 C.
Camphire refined	0	8	9	0	9	0 lb.
—— unrefined	28	0	0	32	0	0 C.
Cantharides	0	11	0	0	11	3 —
Cardamoms (best)	0	7	6	0	0	0 lb.
Cassia Buds	12	0	0	}	0	0 C.
—— Fistula W.I.	12	0	0	} in bond		—
—— Lignea	12	0	0	}	0	0 —
Castoreum American	2	10	0	2	15	0 lb.
—— Russia	11	0	0	0	0	0 —
Castor Oil per bottle 1¼ lb.	0	3	9	0	4	3 bo
Cocculus Indicus	3	0	0	0	0	0 C.
Colocynth Turkey	0	5	0	0	5	6 lb.
Columbo Root	2	15	0	3	0	0 C.
Cream of Tartar	1	10	0	9	0	0 —
Gallangal East-India	5	0	0	0	0	0 C.
Gentian Root	3	15	0	4	0	0 —
Ginseng	0	1	6	0	0	0 lb.
Grains of Guinea	5	10	0	6	0	0 C.
Gum Ammo. Drop	30	0	0	0	0	0 —
—— Lump	8	0	0	9	0	0 —
—— Animi	3	10	0	7	10	0 —
—— Arabic E.I.	2	0	0	4	0	0 —
—— Turkey Fine	8	10	0	9	9	0 —
—— Barbary	6	0	0	7	0	0 —
—— Assafœtida	10	0	0	15	0	0 —
—— Benjamin	8	10	0	35	0	0 —
—— Cambogium	20	0	0	26	0	0 —
—— Copal scraped	0	2	0	0	3	6 lb.
—— Galbanum	16	0	0	20	0	0 C.

	£	s.	d.	£	s.	d. per
Gum Guaiacum, from	0	2	6 to	0	3	0 lb.
—— Mastic	0	4	6	0	4	9 —
—— Myrrh	15	0	0	18	0	0 C.
—— Olibanum	6	0	0	7	0	0 —
—— Oppoponax	80	0	0	0	0	0 —
—— Sandrac	6	10	0	8	0	0 —
—— Seneca Garbled	5	2	0	5	5	0 —
—— Tragacanth	36	0	0	38	0	0 —
Jalap	0	5	0	0	5	3 lb.
Ipecacuanha	0	19	0	1	0	0 —
Isinglass Book	0	10	6	0	11	0 —
—— Leaf	0	10	6	0	11	0 —
—— Long Staple	0	10	6	0	11	0 —
—— Short Staple	0	10	6	0	11	0 —
Manna Flakey	0	6	0	0	6	6 —
—— Sicily in Sorts	0	4	0	0	5	6 —
Musk China	0	18	0	1	0	0 oz.
Nux Vomica	3	0	0	3	10	0 C.
Oil of Vitriol	0	0	3½	0	0	0 lb.
Opium East-India	0	19	6	1	0	0 —
—— Turkey	1	9	0	1	10	0 —
Pink Root	0	4	0	0	4	6 —
Quicksilver	0	4	10	4	11	0 —
Rhubarb East-India	0	3	0	0	5	0 —
—— Russia	0	18	0	1	0	0 —
Saffron Spanish	2	5	0	2	10	0 —
—— French	1	15	0	2	0	0 —
Sago	6	0	0	6	10	0 C.
Sal. Ammoniac	10	10	0	11	0	0 —
Sarsaparilla	0	3	0	0	3	6 lb.
Sassafras	8	0	0	9	0	0 T.
Scammony Aleppo	1	6	0	1	7	0 lb.
—— Smyrna	0	10	0	0	12	0 —
Senna	0	3	0	0	0	0 —
Seeds Anni Allcant	6	0	0	6	10	0 C.
—— Coriander English	1	10	0	1	16	0 —
—— Cummin	7	0	0	7	10	0 —
—— Fenugreek	1	10	0	1	13	0 —
Shellack	7	0	0	8	8	0 —
Sticklack	6	0	0	8	0	0 —
Snake Root	0	0	0	0	0	0 lb.
Soap Castile or Spanish	12	0	0	14	0	0 C.
Spermaceti refined	0	2	7	0	0	0 lb.
Tamarinds West-India	8	10	0	9	0	0 C.
Tapioca Lisbon	0	0	8	0	1	0 lb.
Turmeric Bengal	3	3	0	0	0	0 C.
—— China	4	5	0	4	15	0 —
—— West-India	8	0	0	9	0	0 —
Verdigris Wet	0	3	6	0	0	0 lb.
—— Dry	0	5	6	0	5	8 —
—— Crystallized	0	8	6	0	8	9 —
Vitriol Roman	0	0	7	0	0	0 —
—— Foreign white	4	0	0	4	10	0 C.

Hirudines 15s. per Doz. at Covent Garden Market.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 36s.—1 oz. 30s.—½ oz. 24s.

OBSERVATIONS.

At recent Sales of Merchandize by Auction, Mr. E. Ronwell sold, on the 18th of February, Cassia Fistula, 77s. to 78s. 6d. per Cwt.—2 Casks of Cream of Tartar, 81. per Cwt.—3 Casks of Antimony, 67s. 6d. to 75s. per Cwt.—5 Barrels of Arrow Root, 11d. to 12d. per lb.—and 1 Bale of Senna, 3s. 10s. per lb.

METEOROLOGICAL REGISTER.

From January 25, 1813, to February 25, 1814.

Kept by Mr. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Temperature. Max.	Min.	
	26	NW	29·59	29·36	33	24	Sleet
	27	W	29·21	29·11	39	33	Clear
	28	W	29·25	29·10	39	25	Rain
●	29	E	29·—	28·22	38	24	Clear
	30	W	29·30	29·10	39	26	Clear
	31	W	29·41	29 29	36	32	Clear
	1	N	30·02	29·85	40	31	Clear
	2	NW	30·—	29·88	34	24	Clear
	3	NW	30,01	30·—	30	21	Clear
○	4	NW	30·18	30·03	31	21	Clear
	5	SE	30·07	29·88	37	25	Cloudy
	6	W	29·60	29·54	45	26	Rain
	7	NW	29·68	29 62	46	33	Fl. Clouds
	8	W	29·59	29·39	47	38	Rain
	9	NW	29·84	29·68	48	41	Clear
	10	W	30·03	29 01	49	42	Fine
	11	W	29·98	29·93	48	43	Fine
◐	12	NW	29 95	29·95	50	41	Fine
	13	SW	29 95	29,90	52	45	Cloudy
	14	E	30·02	29·89	38	33	Fair, with flying Clouds
	15	E	30 08	30·04	36	30	Fair
	16	E	30·22	30·13	32	21	Fair
	17	NE	30·42	30·36	39	26	Fair. Rain at 3 P. M.
	18	NW	30 35	30·22	40	25	Rain
	19	W	30·29	30·21	30	21	Fair
●	20	E	30·40	30·40	34	22	Fair
	21	NE	30·30	30·26	31	24	Fair
	22	E	30·27	30·24	30	23	Fair
	23	E	30·23	30·15	30	18	Fair
	24	E	0·15	30·13	32	19	Fair

RESULTS.

Mean barometrical pressure	29·837	Mean temperature	33
Maximum 30·42, the wind at	NE	Maximum 52, the wind at	SW
Minimum 28·22, ——	E	Minimum 18, ——	E

Scale exhibiting the prevailing Winds during the Month.

N	NE	E	SE	S	SW	W	NW
1	2	8	1	0	1	9	8

January 26th, a thaw commenced, which continued during the six following days. Frost, at a temperature of 24 to 32, prevailed during the nights. A gradual breaking up of the ice and snow was thus effected, and the anticipated inconveniences and damages commonly produced by a sudden thaw, in a great measure, prevented. The Thames was again open to the passage of craft, and the roads to carriages.

Scenes seldom witnessed in this country have occurred during this severe and unusual frost. Secure beaten paths on the ice, formed on various parts of the river between the bridges of the metropolis, and kept in order by the watermen of the different landing places, became frequented thoroughfares.

roughfares. Many booths of entertainment were erected, and at Chiswick a sort of fair was held on the ice, in which were shews of the usual description; in one instance a sheep was roasted: amid these diversions few fatal accidents have been noticed.

Serious casualties in the streets of the metropolis have seldom occurred, but in those instances of reprehensible neglect, where the accumulations of ice have been suffered to obstruct the carriage and foot ways, after the thaw of 26th January; and these still occur in the carriage-way in many of the best streets.

Feb. 8d.—The frost again set in, and has since continued with little variation. It was now relieved from the fogs and snow which characterised the first part of it. The thermometrical measure of its intensity is nearly similar.

During the thaws which took place, pieces of still water, or those not influenced by rapid streams, still continued to afford the amusement of skaiting to the adventurers. In such places, fish may at this time be seen frozen, in their natural position, in the solid ice.

An unusual privation of water is still suffered in the metropolis.

Looking to the effect of this frost, it may certainly be considered to have existed from the commencement in December, without interruption, to the present time, a period of nearly *nine weeks*.

Catarrhal affections continue to prevail. Bronchitis asthenica has been extremely fatal; but the acute form of it, and peripneumonia, have not been frequent in the district (south-west) to which our observations chiefly extend. A case of epilepsy consequent on amenorrhœa, in a strong girl of healthy appearance and florid complexion, was relieved by bleeding from the arm, and will probably be cured by a repetition of the remedy. Paralysis has occurred more frequently, and in younger subjects, than is usual.

MONTHLY CATALOGUE OF MEDICAL BOOKS.

MEDICAL Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever and Febrile Diseases. By James Currie, M.D. F.R.S. 2 vols. 8vo. 18s. New edition.

Abernethy on Local Diseases. New edition. 8vo. 7s.

Observations on the distinguishing Symptoms of three different Species of Pulmonary Consumption. By Andrew Duncan, senior, M.D. 8vo. 6s.

Nosology, or a Systematic Arrangement of Diseases in Classes, Orders, Genera, and Species, with accurate Definitions. Translated from the Latin of William Cullen, M.D. 12mo. 3s. 6d.

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On Hydrophobia, its Prevention and Cure, with a Dissertation on Canine Madness. By Benjamin Moseley, M.D. 4to.

NOTICES TO CORRESPONDENTS.

We have been informed that a contagious disease of the eyes, resembling the Egyptian ophthalmia, has appeared in certain districts, and spread through whole families. As such an occurrence must necessarily excite alarm, we are anxious to afford the most early intelligence upon the subject. We therefore intreat the attention of our correspondents to this important object, and request they will favor us with their remarks; and at the same time authenticate their communications with their names.

Mr. Rigby's paper on Vaccination arrived too late for insertion this month, but will appear in the next Number of the Journal, with several other valuable communications which have already come to hand.

THE

Medical and Physical Journal.

4 OF VOL. XXXI.] APRIL, 1814. [NO. 182.

THE PROPRIETORS TO THE PUBLIC.

IT has been the fate of the Proprietors of this original Journal, in common with the projectors of every successful undertaking, to witness the rise, decline, and fall of many rival works on a similar plan. They do not complain either of circumstances which are not peculiar to themselves, nor of the honorable and well-meant endeavours of others; always confiding for protection, against piratical copyists or insidious oppositions, in the just feelings of that intelligent part of the community to whom this Journal is addressed. They consider it due, however, not less to the FACULTY *at large than to many old and valued Friends, and their own interests in particular, to assert the superior and undiminished pretensions of a work of established reputation and universal circulation, as a means of drawing together original Communications from all parts of the world, and of giving them that degree of currency which affords at once a maximum of gratification to the writers, and of utility to the profession and the public. On this point they venture also to urge the evident* CONVENIENCY *and* ECONOMY *of uniting all current medical improvements and correspondence in one periodical work; and they presume to urge the legitimacy of their own claims, founded on their* LONG ESTABLISHMENT, *their* PAST SERVICES, *their well-known* IMPARTIALITY *in whatever regards the interests and feelings of various branches of the profession, and their determination to concentrate within their pages* EVERY ORIGINAL FACT *and* VALUABLE OBSERVATION, *let them appear in whatever form or quarter they may.*

They are duly sensible at the same time that the foundation of all their pretensions to public favor and preference is in the undeviating merit of their work; and they have, therefore, among other new arrangements, associated with DR. FOTHERGILL *a colleague selected from another branch of the profession, and whose title to the approbation of their readers will, they trust, be made evident by the increased interest of their pages.*

For the Medical and Physical Journal.

Case of Pemphigus terminating fatally; by Mr. R. A. FROGLEY.

ON the morning of February 2d, 1813, I was sent for to a young man, nineteen years of age, who had kept his bed the preceding day, complaining of common febrile symptoms. On the same evening he was affected with a violent sensation of pricking and throbbing in both his insteps, extending along the anterior part of the leg nearly to the knee. This continued with great severity for five or six

hours, when, at his request, his mother examined the parts, and found them red, hot, and covered with small pimples, but not swollen. The following morning I saw him again, and found the parts where the pain had previously existed to be covered with small detached vesicles. The skin was still red about their base, but there was no tumefaction. The febrile symptoms continued.

Feb. 4th.—On visiting the patient this morning, I observed different parts of his body, especially his arms, thighs, and face, to have a red hue, and a papulous feel, about which parts he complained of pain: here also there was no tumefaction. In the roof of his mouth there were several vesicles. The feverish symptoms still continued. The vesicles first formed were now filled with a yellowish serum. In the evening of the same day the parts last inflamed exhibited a vesicular appearance, and for several succeeding days the same process continued in different parts, some vesicles having arrived at maturity, while others had just emerged from the skin. They were of all sizes intermediate between that of a pea and a very large walnut.

Feb. 6th.—About this time some of them bursting, the fluid that escaped was of a nature highly irritating. When the rupture of the vesicles became general, the discharge was so copious, that a change of bed linen six times a-day was hardly sufficient to keep the patient comfortable. The fever had hitherto been of an inflammatory kind, to moderate which the common remedies were employed, such as antimonials, salines, and aperients.

Feb. 10th.—About this time, the pulse became quicker and weaker, and the tongue assumed a typhoid appearance. For this, camphor in substance, and medicines of the cordial kind were employed. The typhoid symptoms, however, gained ground, when Peruvian bark in substance, combined with the tincture, and sulphuric acid, was administered freely. The patient was also allowed a good share of wine, brandy, and porter. These cordials were varied—one day he had a pint of wine, with a bottle of porter; another day a proportionate quantity of brandy, &c. At all times his own palate regulated the quality, and the urgency of symptoms the quantity, of stimulus that was employed. The pulse for many days was about 120, and the tongue and teeth covered with a dark crust. The distress arising from the acrimonious discharge from almost the whole of the patient's body, was with great difficulty rendered tolerable. Repeated sprinklings with a mixture of lapis calaminaris and flour afforded him most comfort, and facilitated the formation of scabs. This dangerous state of symptoms continued with

with little variation till the end of the month, when they began to decline; and about the 2d of March I had confident hopes of his recovery. The discharge from the sores had lessened very much in quantity, and the fever had greatly abated.

About March 20th the discharge had entirely ceased, and the patient had recovered his appetite. He was, however, miserably reduced in every feature. An universal desquamation of the cuticle took place, and the parts where vesicles existed were covered with black incrustations, from a quarter to half an inch in thickness. As these became detached, the subjacent skin was quite sound.

Soon after this period, a small tumor, which had been situated for some time previously on the upper part of the tendo achillis of the left leg, suppurated, and became an irritable ulcer. This continued to be an obstacle in the way of his recovery, for it was a source of almost constant pain and irritation, disturbing his rest by night, and destroying his appetite by day. Every variety of application, local as well as constitutional, was employed, to allay the pain and promote the healing of this ulcer. Counter-openings were tried, to give freer exit to the discharge, which, after proving useless, were allowed to heal. Opium in large doses, and other narcotics, were exhibited very freely, as these were the only means of rendering life tolerable. After lingering till the 20th of December, he died, exhausted by his sufferings.

I trust that I have here detailed the symptoms with sufficient minuteness, to illustrate the nature and progress of this disease.*

That pemphigus is sometimes an alarming and dangerous complaint, this instance abundantly testifies; and that it is a disease of comparatively rare occurrence, may be gathered

* About three years ago an instance of this disease occurred in one of the hospitals of the metropolis, which also proved fatal. Six weeks before death the eyes became affected, and were literally melted down by suppuration. The surface of the body was universally ulcerated, and covered by scabs. The mode of treatment employed was of the cordial kind, as usually recommended. Bark and wine were administered, but I was decidedly of opinion that these remedies did harm, by increasing the fever and consequent debility. In a severe case which afterwards occurred at the Northern Dispensary, I reversed the treatment with complete success. Viewing the disease in a supposed resemblance to one form of erysipelas, I bled and purged briskly, and used lotions of cold goulard water, with calamine powder, to the excoriated parts. My patient, who had been ill three weeks, recovered rapidly.—J. W.

from the writings of our most eminent physicians. Dr. Cullen acknowledges never to have seen an instance of it; and Dr. Willan but very few; and the majority of cases he quotes in exemplification of his own definition, are those borrowed from the practice of others. Indeed, on perusing his publication, I can find none of the cases related so fully adequate to illustrate the pathology of the disease, as the one I have now sent you. In Dr. Willan's work there is a note containing a quotation from Dr. Hodges, who, it seems, published on the Plague in 1666. In this passage Dr. Hodges describes vesicles as arising symptomatically in that disease, attended and followed by symptoms so precisely similar to those that I have detailed, that I shall take the liberty of re-copying the whole of his words. He begins "De vesiculis pestilentialibus, anglice 'Blaines.' Papulis his in vesiculam exsurgere solenne erat cum dolore lancinante et exquisito, humore intus seroso, seu ichore, coloris ut plurimum citrini, et velut straminei, circulo diversi-colori, pluries rubicundo, munitis et circumdatis. Pustulæ hæ in quâvis corporis parte emerserunt, quarum uti statio varia, ita eorum numerus omninò incertus—in quibusdam paucæ, pluries in aliis; unam sexûs sequioris vidi totam iis scatentem; quoad magnitudinem, nulla regula assignari poterat, vesiculæ enim plurimæ fabam minorem adæquabant, quandoque tamen intumuerunt grandiusculæ nuci myristicæ haud impares. Liquor inclusus suppurationis omnino incapax erat, qui utpote salinus, et fere causticus, post tantillam moram eruptâ vel corrosa cysti effundebatur, cujus color nunc citrinus, nunc lividus, nunc nigerrimus."*—*De Pest. Lond.* page 120.

Hounslow,
March 5, 1814.

R. A. FROGLEY.

For

* The Editors have translated this quotation from Hodges, and have thought it right to add to it another paragraph, which seemed sufficiently important, and which is all that is written by the author on this subject.

"These vesications used commonly to rise with an exquisite and shooting pain, containing a serous humour or *ichor*, for the most part of a yellowish or straw color, and encompassed with a variegated circle, generally reddish.

"These pustules broke out in many parts of the body, and as their station was various, so their number was also uncertain. In some they were few, in others many; and a woman I once met with covered all over with them. As to their bigness, they were also uncertain; for some were as a small pea, while others increased to the magnitude of a nutmeg.

"The

For the Medical and Physical Journal.

Two Cases of Acute Rheumatism successfully treated upon Dr. Sutton's Plan; by Dr. H. S. BELCOMBE.

IN pointing out remedies serviceable to our fellow-creatures, the best reward to a liberal mind is the knowledge of their adoption. I am confident, therefore, Dr. Sutton will hear with pleasure, that amid various cases of acute rheumatism I have followed his directions with the earliest and happiest effects. But as facts are the soul of medicine, I shall give a short account of two of the severest cases.

Mrs. L., a respectable lady, of weak and delicate habit, was seized, on Saturday, Dec. 11th, with pain in the head and feet, which she attributed to exposure to cold in consequence of attendance on her sick husband. These complaints gradually grew worse, and on Dec. 14th, when I was called, I found every joint swollen, but no redness. She suffered excruciating pain on touch. Her heat was very great; tongue dry, white, with a red border; pulse 120, feeble; great thirst; bowels open, in consequence of aperients; perspiration, produced by antimonials, very copious, but afforded no relief. She complained likewise of pain in her chest and abdomen, attended with a very troublesome cough. I immediately removed some of the bed clothes, and ordered the cold camphire lotion—Acid. Sulph. gr. xxx. Om. horâ. Pulv. Ipecac. c. gr. viij. nocte.

15th.—Night easier; pain somewhat abated; T. moist; complains of sickness; B. open; cough not so troublesome; urine scanty and high-colored. Rep. Lotio.

℞. Inf. Ros. ℥viij.
Potass. Nit. ʒj.

"The included matter (near perhaps to the nature of urine) was altogether incapable of suppuration, as it was saline and almost caustic; for very soon after its eruption it would corrode its vesicle, and burst out, of a color yellowish, livid, or black. Moreover, the surrounding circle was not always of the same appearance, although at first coming out it was continually inflamed.

"But this is highly observable, that sometimes these vesicles broke out without any other previous indications of infection, and, as I imagine, from the expeditious separation of the pestilential venom, and the sudden conquest of the distemper by a strong constitution. But whensoever the pain and heat of the part was so aggravated that no proper applications would assuage it, there was commonly danger of a mortification from so great a concourse of pestilential particles together; and once I remember a vesicle to change into a carbuncle, from the continued accession to it of fresh morbific poison."

Coch.

Coch. Mag. iij. Om. 3tia horâ.
Rep. Pulv. Nocte.

16th.—Pains in her joints much alleviated; could now use her hands; T. more moist; sickness gone; P. 96, rather full; breathing not very easy; no stool; thirst abated; urine more copious, and paler.

℞. Hyd. Sub. gr. iv.
Pulv. Jalap. gr. xiv.
Ammon. Carb. gr. viij.
Capiat ij. statim.*
Rep. Omnia alia Medicamina.

17th.—Considerably better; pain only in her feet; night easy; thirst gone; T. moist; P. 94, hard; pills had operated well; urine depositing copious red sediment; occasional heats, but no rigors.

19th.—Continues recovering. Complains only of pain in her back and shoulders, which seem to arise from weakness.

Omitte Omnia. Capiat Dec. Cinchonæ ter die.

She was soon following her usual avocations.

My next case was also that of a female, of a more robust habit; and here I was obliged to detract a considerable portion of blood. In every other respect the treatment was similar; and in less than a week I had the pleasure of restoring her to the free use of her limbs.

From these circumstances, connected with others, I am convinced that Dr. Sutton has pointed out a most valuable remedy for Rh. Acutus; and by this method its former agonies of weeks and months are resolved into a week's illness. It has also another merit, and that by no means an inconsiderable one—the being very grateful to the patient's feelings. While wishing to pay every tribute of respect to Dr. Haygarth's superior medical attainments, I still must confess myself sceptical with regard to the benefit derived from his practice in the disorder under consideration. I have seldom found it hasten a cure; not unfrequently, I have thought, protracted it. Till now I have generally preferred the willow bark (*salix latifolia*), which appears to me to sit more lightly on the stomach, and may, I think, be given in cases where we should hesitate to administer the cinchona.

Newcastle-under-Lyme, H. S. BELCOMBE, M.D.
February, 1814.

* The author has omitted to say in what form this prescription was to be compounded; but from the next day's report, we suppose he intended pills; still the number is not mentioned, nor the ingredients which might enable the compounder to make them up. We always correct errors when it is possible, but in this case it is impracticable.—EDITORS.

For

For the Medical and Physical Journal.

Case of Dislocation of the Spine; by Mr. JOHN BOND, Surgeon.

AS it is the opinion of most medical authors, that dislocations of the spine never occur without fracture, in which I have hitherto coincided, but there being no reason to suspect fracture in the following case, I cannot help considering it a very unfrequent occurrence, which induces me to wish it inserted in your Journal.

William Thorn, the subject of the following case, was working in a stone pit in a delving position, when a considerable weight of stone fell upon him, and crushed him to the ground, in which state he was discovered.

When released, he walked betwixt two and three hundred yards with great difficulty, and nearly double, from whence he was conveyed home in a cart, and the next morning I saw him, when the following symptoms presented themselves. He had completely lost the use of the lower limbs, and also the power of speech; secretions and excretions were totally suppressed from the moment of the accident; pulse depressed, and under 60.

These appearances, connected with the nature of the accident, led me of course to suspect injury being done to the spine, and on turning him upon his face, my suspicions were soon verified.

There was an evident depression in the spine, occasioned by a partial dislocation of the fourth dorsal vertebra, which I immediately attempted to remove by placing my feet upon his shoulders, and pulling at his head, which I kept during my exertions to incline a little towards the sternum, so as to make the part where the injury was sustained an obtuse angle with the chin and pelvis. His pulse instantly rose in fullness and frequency; his pain (as he afterwards informed me) was much lessened; but no further amendment appeared to be derived at the time, and I left him with a full persuasion that nothing more could be done. Towards night he was considered much worse by his friends, and at two o'clock in the morning was thought to be dying, when his next neighbour was sent for to assist in changing his position, and placing both hands behind his head for that purpose, assisted by another at his feet, in making the attempt, made the angle before described more acute, and the dislocation was instantaneously though not completely reduced. The lower limbs were almost immediately restored to their sensibility and use; his speech he so instantly recovered as to inquire of the people present "didn't you

hear it crack." The sensation he described afterwards, and it appeared to me to resemble exactly a dislocated humerus, when it goes with force into its socket. The bladder and intestines very soon performed their functions; notwithstanding which a good deal of pain remained in the part, accompanied with a complete inability to turn his head either to the right or left, until I had made a second attempt similar to the first in the course of that day, when the parts were restored to their accustomed ease and action; and in a few days he walked to my house, a distance of five miles.

Nuneaton, JOHN BOND.
Feb. 9, 1814.

For the Medical and Physical Journal.

Case of severe Ophthalmia cured by an Emetic.

A BRITISH officer of rank had the ophthalmia whilst serving with our army in Egypt. On his return to England, he was subject to frequent and violent inflammations of his eyes, attended with much pain; for the relief of which he applied to the most eminent oculists in London, who had recourse to leeches, lancets, blisters, fomentations, and various applications—sometimes of a hot nature, and sometimes ice. This painful discipline, together with that of confinement in a dark room, he generally underwent for six or seven weeks before the inflammation was removed. Being lately in Paris, a prisoner on his parole, he was violently attacked with his old complaint, and had recourse to his old remedies; but he grew daily worse. In despair, he sent for an English surgeon that had lived for some time in that city, who, after hearing the circumstances of the case, said, "Your eyes must be left entirely to themselves; the inflammation in them I look upon as a mere secondary symptom; it is your system that must be attacked, and the chain of disease, if possible, broken." In order to which he urged his patient to take a strong emetic immediately. Against this the latter remonstrated, fearing the effect it would have upon the vessels of his eyes, already so overcharged with blood. However the surgeon was peremptory, and he submitted. The operation was violent, and the effect most happy. He got up the next morning wonderfully better. Every hour the state of his eyes improved; and in three days they were perfectly well, without any application to them but that of a little rose-water, or any additional remedy but a gentle opening medicine. Z.

For

For the Medical and Physical Journal.

On the Improbability of Measles being influenced by Vaccination; by Mr. E. RIGBY.

I LAMENT every circumstance which is likely to retard the progress of vaccination, and cannot help thinking that Dr. Watt's suggestion that the mortality from measles subsequent to vaccination is greater than after small-pox, has been too hastily brought before the public. It can, however, only be answered by a reference to facts, and there is an unfortunate difficulty in obtaining them, diseases being noticed in the bills of mortality of but few places.

The only record which I have on the subject does not favor the supposition. Scarcely any of the lower classes in this city were vaccinated before the year 1812. In 1808 and 1809 the small-pox prevailed very much, and I think it likely that fourteen hundred individuals, chiefly children, had the disease within that period, for more than two hundred died of it.* In 1810 the measles appeared, and spread very generally in the city, and the mortality from it became greater than had been known for many years; and yet it must be probable that a great proportion of the children who were infected, had the small-pox in 1808 and 1809.

Had a general vaccination taken place previously to 1808, it may be presumed there would have been two hundred more children exposed to the infection of measles in 1810, and consequently out of such an increased number, there would have been a proportional increase of deaths; for had the two hundred who were sacrificed to small-pox in 1808 and 1809 been previously vaccinated, they, probably, would have been alive in 1810, and within the influence of the infection of the disease then prevailing. On the same principle, it is equally evident that in all places where vaccination has been extensively practised, there must necessarily be a greater number to take measles, than had the population suffered its accustomed loss from small-pox.

The facts of the prevalence and mortality of the small-pox in 1808 and 1809, and of the unusual fatality of measles in 1810, I have before noticed in my *Further Facts relating to the Care of the Poor in the City of Norwich*, at pages 86, 87, and 93.

EDWARD RIGBY.

Norwich, Feb. 20, 1814.

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* On a former occasion, in my Address to the Court of Guardians, I considered the number to be twelve hundred, supposing one in six to die of small-pox; but I believe the average of the deaths is now thought to be one in seven.

For the Medical and Physical Journal.

Collections of Morbid Anatomy; by J. C. WARREN, M.D.

INFLAMMATION of the Pericardium.—In the month of February, 1813, a number of individuals in Boston were attacked with violent pains in the side, or breast, or upper part of the abdomen. These pains were, in many instances, like those from tearing or rending asunder the parts affected. They were rarely accompanied with elevation of the pulse, and in the intervals of pain, the pulse was commonly slow and always feeble. The affections of the abdomen were relieved in two or three days, by purgatives and blistering; those of the thorax, when slight, by bleeding and blistering; but a number of the latter assumed a most violent and terrible character, and proved fatal to the patient, in three or four days. At the period when these disorders were appearing, the two following cases occurred.

The subject of the first was a distinguished gentleman of the clergy, who was possessed of a most placid and amiable disposition, which no event could disturb. His health had been good, for three or four years, excepting a degree of indigestion, not sufficient to induce him to mention it frequently. At the period of his attack, he had been dining in company, and had retired to another room, when he was suddenly seized with a most violent pain in the breast, that threatened immediately to deprive him of life. This pain extended from the breast to the arms. He could express the sensation only by saying, that the limbs seemed tearing and twisting from the body. Sweat poured in streams from every part, while the skin was universally of a death-like coldness. He had an emetic, which produced very copious evacuations, and was followed by a mitigation of the pain. The next day the patient seemed better, and was able to converse; but it was evident that his constitution had received a severe stroke. He said that there was some extraordinary difficulty about his heart, and requested that, after his death, an examination of that organ might be made. His tongue was coated of a yellowish white color. His pulse extremely irregular. No heat of the skin, although he sometimes complained of a sensation of heat. This day he had a cathartic, and remained free from any severe pain till toward evening, when he had another attack. On the third day of the disease, he had repeated paroxysms of the most excruciating pain, which brought on a convulsive action of the whole system and a fainting, that was followed by relief from the distress. His pulse was now quite imperceptible.

His

His muscular powers were still so considerable, that except to the eye of the physician, the fatal tendency of his complaint was not very perceptible to himself or others. It was announced to him that he must die. He expressed a little surprise at this intelligence, but exhibited no emotion of alarm, and calling his family about him, he gave directions respecting his affairs and his funeral, and having taken leave of them, tranquilly resigned himself to his fate. After this time, he lingered still thirty hours longer, without any remarkable symptoms, for the fatal blow was already struck. He remained, almost to the last, in a semi-recumbent posture, and possessed the faculties of mind to the last moment.

It is impossible to avoid comparing the circumstances of this case with those of the celebrated Mirabeau, described in our last number. They both perished of the same disease. But the manner in which the atheist expired excites horror, while the death of this truly christian clergyman inspires us with admiration.

The body was examined, on the day after death, agreeably to the request of the deceased. No remarkable external appearance presented itself. In the cavity of the chest, the lungs exhibited a natural and healthy appearance; and their vessels were very moderately charged with blood. The mucous membrane of the bronchiæ had a slight appearance of inflammation. The pleura was not inflamed, but exhibited a net-work of vessels in various parts, which probably would have gone on to decided inflammation. The cavities of the pleura contained a little serous fluid. The loose pericardium was covered with a uniform but delicate blush, deepest near the diaphragm. The pericardium, which closely invests the heart, exhibited marks of violent inflammation. It was generally of a red color, but this color became of a livid hue on the surface next the diaphragm, like the color of parts tending to gangrene. This membrane was thickened, and in many parts covered with coagulated lymph. A small quantity of serum, mixed with semi-purulent lymph, was contained in its cavity. The substance of the heart was swelled, and remarkably tender. It was covered with fat. None of its cavities were enlarged. They were all filled with blood, which was principally fluid. The semilunar valves of the aorta had the hardness of a fibro-cartilage, and in some places were in a state near ossification. The inner coat of the aorta was brittle, and contained a number of hard specks. The organs in the cavity of the abdomen were in a healthy state, and exhibited no very remarkable appearance. The omentum was loaded with fat. The veins of the stomach and intestines were very conspicuous, and appeared

flaccid, as if they had been over-distended. The mucous coat of the stomach exhibited a slight redness. Its cavity contained fluid, and a considerable quantity of solid matter, which seemed to be half-digested animal food. In the midst of this was a large living round worm.*

Inflammation of the pericardium and inflammation of the heart should, no doubt, be considered as one disease. They are both inflammations of the serous membrane. It seems probable, however, that an inflammation of the close investment of the heart will be marked with a more decided character, than that of the external pericardium. Most of the symptoms of this disease are exhibited in the case related, with the most formidable and strongly marked aspect. The distress about the diseased organ, the peculiar and agonizing pain in the arms, the irregular and sinking pulse, and the disposition to fainting, are not to be found combined in any other acute disease. One important symptom was absent, the febrile affection which accompanies inflammatory diseases. This peculiarity may be explained; for it is this absence of febrile appearance, together with the violence of invasion, the suddenness of termination, and the

* An interesting case of this kind occurred in the practice of Mr. Want. It commenced with the most agonizing spasmodic affection of the chest and pit of the stomach, which required extraordinary doses of opium to relieve. It was *unfortunately* not at the time suspected to be inflammatory. Rheumatic pains of the limbs supervened; and after this the chest became again affected, and seemingly by metastasis, as the pains left the limbs. At this time, the difficulty of breathing and tightness across the præcordia was peculiarly severe; the heart began to palpitate incessantly; and the pains about the stomach returned with great violence. Blood drawn from the arm was highly inflamed: the bleeding was repeated daily, and sometimes twice in the day, till the patient died. This operation was always followed by relief more or less lasting. During the course of the disease the symptoms continued nearly the same, excepting only the temporary diminution in violence after each bleeding. A few days before death, constant vomiting and faintings were superadded to the general distress.

On dissection, a quantity of fluid was found in the cavities of the pleuræ; but the principal morbid appearances were discovered in the heart. It was greatly inflamed, with spots of coagulable lymph on its surface. The cavities of the right side were filled with polypous concretions of a transparent yellowish color, and of a consistence possessing nearly the firmness of cartilage. Adhesions to the pericardium had taken place in some parts. Its cavities contained about two ounces of fluid. The inner surface of the stomach was also slightly inflamed,

livid

livid aspect of the inflamed parts, which induce us to refer this disease to the epidemic, that prevailed in various parts of the country, and just showed itself in the metropolis. We cannot attribute any important consequences to the diseased state of the valves of the aorta.

Inflammation of the Pleura, with ulceration.—This case is not to be considered as a common inflammation of the pleura, although we have assigned it that name. The symptoms, as well as the morbid appearances, demonstrate a malignity of disease, quite peculiar, and which would perhaps entitle it to a very different name from that assumed. The invasion of disease was as sudden and violent as in the former case. The subject was a gentleman, in the prime of life, possessed of a most powerful muscular apparatus, an ample frame of body, and an iron constitution. About two years before his death, he felt some dyspeptic symptoms, which, among other unpleasant sensations, caused a vertigo, extremely alarming to the patient. He became hypochondriac, and conceiving that exposure to the air might be pernicious, he confined himself almost wholly to his house, and totally relinquished his accustomed exercise; while, at the same time, his appetite being unimpaired, he satisfied it as freely, as though he had no complaint. This course of life undoubtedly increased the symptoms of indigestion, which only confirmed him in the mode of living he had adopted. Yet it is remarkable, that while he laboured under these false and melancholy impressions respecting himself, his wit, which was natural and ready, scarcely ever languished. After remaining in this state nearly two years, contrary to his usual custom he quitted his home, in the evening, to visit his friends in the adjoining house. This slight exposure was the cause of his disease and death; so much was his constitution enervated by long confinement. In the night, he was attacked with an agonizing pain in the left side, which frequently remitted, or, as he thought, he must have expired from its severity. Various applications were made on that night and the following day, the principal of which were evacuants, and liquid cantharides to the seat of pain. He at last got relieved, and was well enough on the third day to make considerable exertions; but on the evening of that day the pain returned, with dreadful violence. He had also a cough, considerable fever, and an incessant inclination to pass urine, from the absorption of the cantharides. To alleviate his sufferings, very frequent doses of opiate medicines were given that night and the following day, but so long without effect that he had taken a considerable quantity before obtaining relief. At last he slept, and remained quiet for

for the night. In the morning following, when it was expected he would be found better, he did not awake. Efforts were made to rouse him, but in vain; the intellectual powers were irrecoverably gone. When he was raised in bed, an enormous tumour was discovered on the side of the neck, hard as a stone, and filling the neck almost from the ear to the clavicle. In the night he expired.

On examination of the body, two days after death, the first thing observed. to the astonishment of all, was the disappearance of the great tumour on the neck. No vestige of it remained in the part where it had been seen, but below the inferior jaw, and extending parallel to it, there was a slight and scarcely observable thickening of the cellular membrane. On cutting into this cellular membrane, it appeared firm and somewhat *crisp*. The parotid gland of the left side was immediately examined, but its appearance was perfectly healthy. Next, the submaxillary gland, which was a little enlarged, harder than usual, and internally of a dark colour. The other appearances, on the surface of the body, were a yellowness of the skin, and a thick deposition of fat in every part of the cellular membrane. The thorax being struck, resounded every where, except in the part which was the seat of pain, and here the sound was dull. The muscles cut into, were generally of a darker colour than common, but not so conspicuously livid as in cases of the disease called petechial fever. The veins of the brain were very full of fluid blood. The arachnoid coat contained a few spots of coagulated lymph, and between this and the pia mater was a little serous fluid. The substance of the brain was quite soft, and its medullary portion was stained, when cut, with the fluid blood which oozed from its small vessels. The lungs were no sooner exposed than they were seen to be the seat of a very peculiar appearance. The right lung had six or seven spots, very similar to those produced on the skin by the operation of a moderate caustic. These spots were between an inch and the eighth of an inch in diameter. In all, the edges were whitish and elevated; in some, they were separated from the surrounding pleura. The substance of the lungs under these spots was very hard and red to some depth. The left lung adhered to the pleura of the ribs for an extent of three inches. When this adhesion was separated, a very thick layer of coagulated lymph was exposed, between the pleura of the lungs and that of the ribs; and on the outer surface of this lymph, that is, between it and the pleura of the ribs, was a shallow cavity, containing a semi-purulent liquid. Smaller adhesions and cavities were seen in other parts of the lung. At all these adhesions, the

pleura was not merely dark or livid, but absolutely black, and approaching to gangrene. In the left cavity of the pleura, a quantity of liquid blood was effused. That it was not discharged from the lungs, when the adhesion to the ribs was separated, I cannot positively determine, but believe that it was effused before death. The pleura, on the surface of the left lung, was wrinkled, as if it had been exposed to fire, probably from a deficiency of its serous exhalation. The substance of the lungs was hard, swelled and gorged with blood. The heart was fat. Its cavities contained a moderate quantity of liquid blood. In other respects, this organ and its appendages were perfectly healthy. The mucous coat of the stomach was uniformly reddened, but particularly in parts where small portions of calomel were discovered. These parts were very tender, and even the whole mucous coat could be separated with great ease. This organ contained about half a pint of dark-coloured fluid, like the sediment of port wine, and destitute of any remarkable odour. The spleen was four times larger than usual. This enlargement was not of recent origin; for the coat of the spleen was flaccid, thickened and of a white colour from ancient inflammation; so that there was reason to believe this organ had been much larger than at the time it was examined. Perhaps this derangement of the spleen was the cause of the dyspeptic symptoms. The liver was lighter coloured, and harder than usual, and exhibited a granulated appearance. The gall bladder was half full of bile, and contained two concretions of considerable size. The cystic duct was very much contracted, and showed the remains of three or four strictures, produced, no doubt, by the passage of gall stones, of which the sedentary habits of the patient allowed the formation. The omentum was full of fat. The kidnies swelled with fluid blood, and the urinary bladder contracted. The bladder was universally very dark coloured and fluid.

I am informed that two similar cases, examined about the same time, presented very similar appearances in the lungs.

No one will probably hesitate to call this disease a most violent inflammation of the pleura. From the common pleurisy, however, it differed in the extreme disproportion of the symptoms of inflammation, compared with those of the latter disease. This lowness of character will naturally lead us to arrange it under the head of the epidemic, which prevailed in the early part of the season among the soldiers of the United States army, and which has since extended to various parts of the country, an epidemic which seems allied, by some of its most peculiar symptoms, to the disease

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that has been known under the name of petechial fever. The most remarkable circumstance in this case, is the very sudden appearance of the tumour on the neck, and its still more sudden disappearance. This phenomenon might seem incredible, were its existence not attested by two physicians of the highest respectability.—About the time this case occurred, and for some weeks previous, an uncommon epidemic had prevailed in this place. The principal symptoms were a swelling of the salivary glands, most commonly of the submaxillary; an inflammation of the mucous membrane of the tongue and mouth, with numerous small painful ulcerations; much fever, and sometimes a cutaneous eruption. The complaint continued about five days and subsided, whether medicine had been administered or not. It was, however, evidently mitigated by cathartics. In some instances, though rarely, the tumid glands suppurated. Although we cannot trace any chain of connection between this complaint and that of our case, the similarity in the glandular affection will perhaps justify the mention of it.—Physicians have often noticed the singular connexion between an epidemic disease and other disorders existing at the same time; and the influence which the former seems to have over the latter, in impregnating them, in a greater or less degree, with its peculiar character. Such a connexion we had an opportunity of witnessing in the year 1809, when the petechial disease proved so fatal in the country, and made its appearance in this vicinity, and even in the town. At that time there appeared a great variety of cutaneous affections of a new and anomalous character; and I could satisfactorily observe a chain of them extending from the malignant and frightful lividity of petechiæ, to the benign appearance of an ephemeral rash; while the other symptoms of disease, connected with these eruptions, were sometimes wholly different, and sometimes intermixed. Another circumstance, which was then noticed, is too remarkable to be omitted in this place. The petechial disease, in every severe instance, completely deranged the functions of the brain; and when that organ was examined after death, its membranes exhibited marks of inflammation; a quantity of serous fluid always appeared on the surface of the brain, and sometimes in the ventricles, in as great proportion as is observed in certain cases of hydrocephalus. At the very period this disease existed, and for some time after it had disappeared, the common hydrocephalus internus was observed, with its usual symptoms, in a far greater number of instances than had been known within the same space of time.—*New-England Journ. of Med. and Surg.* 1813.

For

For the Medical and Physical Journal.

On Dr. Adams's Claim to Priority in suggesting Depletion in Hydrophobia, &c.; by Mr. ABEL.

DR. ADAMS having noticed in the last Number of your Journal, my reply to his observations on Hydrophobia, in a very brief and rather supercilious manner, and having endeavored to produce an impression on the minds of his readers, that I had merely urged appearances as imputable to inflammation, which he had previously admitted; I beg leave, in proof of the propriety of my observations, to state what appeared to me the leading objects of his former communication.

The first object of Dr. Adams was to bring forward a claim to "the merit of priority" in suggesting the propriety of copious depletion in hydrophobia; his second, to prove that the appearances attributed by Mr. Borrett and others to inflammation of the stomach, were explicable on the supposition of digestion of that organ; his last, to lay before the public some novel but conjectural views of hydrophobia.

To the second part of Dr. A.'s paper I principally directed my attention, as being in my opinion the most important, since it bore directly on facts, the accurate comprehension of which must materially modify our views of the nature and effects of hydrophobia, and of all diseases that disorder the structure or functions of the stomach.

The point at issue was simply this, did the appearances observed by Mr. Borrett depend on inflammation or on digestion? Dr. Adams inclined to the opinion that they depended on digestion; I endeavored to prove that they were the result of inflammation. If Dr. Adams admitted these appearances to be the result of inflammation, why embarrass the question by endeavoring to prove them to be the consequences of digestion?

Dr. Adams remarks in his last paper, "that all the opinions formerly offered by him are formed on the supposition that the common symptoms of hydrophobia arise from inflammation of the stomach." Be this as it may, I did not reply to the doctor's general opinions, but to his particular observations on Mr. Borrett's paper.

I quite agree with Dr. Adams, that every controversy like this must become tedious to your readers; and I certainly should not now trespass on their patience and your indulgence, was I not of opinion that Dr. Adams had placed the subject of discussion in an incorrect point of view.

Before I quit my pen, I beg to remark, that I cannot but consider it illegitimate to compare effects, great in propor-

tion to the previous health of an organ, to appearances discoverable in the organ after it has been unquestionably implicated in the ravages of a most destructive disease.

Halesworth, CLARKE ABEL.
March 5, 1814.

For the Medical and Physical Journal.

On the Mal d'Aleppo; by Dr. JOHN GIRDLESTONE.

IN the ingenious work of Dr. Bateman on the Diseases of the Skin, I do not perceive any notice taken of the Mal d'Aleppo. Above thirty years ago, I saw a case of the *male Mal,* in the Tanjore district of India. And soon after the 2d edition of Dr. Alexander Russell's History of Aleppo, by his brother Dr. Patrick Russell, appeared in 1794, I had a case of the *third species of Mal,* in this place, in a female, who, I may venture to say, had never resided out of this her native country. The eruptions were about six or seven in number, situated on the forehead and cheek of the same side. I profited by the advice of Dr. Russell in leaving to nature this disease, which, within the course of nine or ten months, gradually disappeared, without leaving any serious deformity of the skin. As the disease is curious, and the book too expensive for many of your readers, I should recommend your citing from this splendid work the whole description.*

JOHN GIRDLESTONE, M.D.

Yarmouth, March 5, 1814.

For

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* The Editors are obliged to Dr. Girdlestone for his suggestion. They have copied the account of the disease from the first edition of Dr. Russell's valuable work, which happened to be in their possession. Should Dr. G. however, find any material alteration in the later edition, they will be glad if he will point it out.

"*Mal d'Aleppo.*—A cutaneous disease, thought by some to be peculiar to this place, has acquired the name of *Il mal d'Aleppo,* or *Aleppo evil,* among the Europeans. The natives call it *Habt il senne,* or *Botch of a year,* from the supposed time of its duration. In Turkish, *Haleb Choban,* or *the Aleppo ulcer.* This disease is not, however, peculiar to this place, being almost as common at Antab, and all the other villages on the banks of the rivers Sejour and Coick, as at this place; which favors the opinion of its being occasioned by the water.

"The natives reckon but two species of this disorder, and distinguish them by the names of male and female; but there is a third kind of cutaneous distemper, which, though it is commonly ascribed to

For the Medical and Physical Journal.

Review of the Case of Ann Fooks, with Arguments to prove her having practised a Deception; by Mr. JAMES GIBBON.

(*Concluded from p.* 209.)

ABOUT five or six weeks after the reputed urinous vomiting had ceased, Dr. Y. accompanied me to see A. F.; we found her in the state which Mr. Pulley has described. (He and the other medical gentlemen can testify that I was strictly correct, in speaking of her apparently healthy and well-nourished state of body.) The reputed meteorismus ventriculi still existed, although the urine flowed very properly from the bladder. I pointed out to Dr. Y. the probable cause of this inflation: he denied the possibility of its being owing to the voluntary contraction of the lower abdominal muscles,

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to the bite or sting of a common millepedes, or wood-louse, seems to me to be altogether of the same nature, though milder in degree.

"What they call the male distemper, makes its appearance in the form of a small, red, hard tubercle or pimple, which commonly passes some weeks unregarded, as it gives no manner of uneasiness: afterwards it begins to increase, and usually comes to the size of an English sixpence, which, after some months, begins to be scurfy on the top; by degrees the little matter that oozes out of it, forms into a thick crusty scab; which, unless it is picked off, or otherwise disturbed, remains upon it until the parts underneath being healed, it falls off, and leaves but a very small mark. The whole of its duration is seldom above eight months.

"What is called the female species begins like the former; but after a month or two it becomes somewhat painful, increases often to double the extent of the male, discharges a good deal of the ichorous matter from under the scab, and by degrees comes to have the appearance of an indigested scorbutic ulcer, with a livid circle round it, but seems to be no deeper than the *tunica cellulosa*. In this condition it remains for several months, and is in general about a year from its first appearance before it is cured; but this is not a thing certain, many getting well some months sooner, while others remain several months longer. After it is cicatrised, it leaves an ugly scar, which remains through life, and for many months has a livid color. When they are not irritated, they seldom give much pain.

"The third kind of *Mal*, which they call the pinch of a millepedes, begins like the two others, but seldom grows larger than about twice the size of a large pin's head, and never changes its appearance, remaining a small tubercle for many months, without any pain, after which it usually throws off a few scurfy scales and disappears; but some remain a much longer time.

"It affects the natives when they are children, and generally appears in the face, though they also have some on their extremities; for most of them have two, three, or sometimes more, it being rare

muscles, because he affirmed that no person could contract them so partially as to cause such an appearance of inflation. I asserted that I could myself, that any person might, and that impostors have frequently been known to do it. Still he was unconvinced. We agreed to refer it to his medical brethren of the Infirmary, Mr. Short and Mr. Pulley; and within a day or two, they met us at the lodgings of A. F. The meteorismus ventriculi had, however, completely vanished, and Dr. Y. had forgotten that he gave a positive opinion of the impossibility of the thing. I need hardly say that Mr. Short and Mr. Pulley agreed most fully with me, as I think every physiologist must. It is easy to imitate the precise appearance which the body of A. F. presented; and which she was in the habit of showing to all descriptions of visitors, for the probable purpose of exciting compassion. I had never, before the visit above alluded to, when Dr. Y. was present, declared implicitly in *her hearing* that I was firmly persuaded the tumefaction was voluntary. It is a most strange, but undeniable fact, that the meteorismus ventriculi took wing so soon after I declared (in the hearing of A. F.) my opinion of its cause, and my conviction that any other medical man but Dr. Y. must necessarily be of my opinion. I was told that the inflation of the stomach subsided in consequence of her having bloody stools, and pass-

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that they have but one. In strangers, it commonly appears some months after their arrival; and they have them not so frequently on the face as the natives: very few escape having them, but they seldom affect the same person above once; dogs and cats are as subject to the disease as men; it commonly breaks out upon the nose of these creatures.

"In respect to the cure, like the tooth-ach or ague with us, every one pretends to an infallible remedy for them; but the many beautiful faces daily impaired by the disease, are too evident proofs of their ill success: and in truth, from what I have observed, it is infinitely better to apply nothing, than any of the numberless medicines they make use of.

"Of several applications that I made trial of upon myself and some others, I found the mercurial plaister the most efficacious; the prescription was the same as the *Emplastrum commune cum mercurio*, with a smaller proportion of mercury, and a little larger of *Bals. sulphur.*

"If this was applied at the beginning, it often prevented their making any further progress; if they had begun to run, it hindered them from increasing so much as they would otherwise have done, and generally cured them before their usual time. This is to be understood of that called the female; for the male, as well as the third kind, seldom require any medicinal application."

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ing bloody urine; but here again was matter of surprise, for upon my desiring to see these discharges, I was informed they had *ceased*, and that was only *three days* after the subsidence of the inflation.

At this last meeting or consultation, when Messrs. Short and Pulley attended, Dr. Y. conversed with us all for a considerable time, upon the probabilities of there having been deception practised, in regard to the reputed urinous vomiting of A. F. He did not agree with us, of course, but parted with declaring that he would publish the case, in justification of his own opinions. This was before the "document" was signed. From this period, which was early in June 1812, I considered Dr. Y. as being voluntarily pledged to publish the case. This alarming threat was held over our heads, and we were all decidedly at issue with him.

Was it improper or indelicate then in me to ask Dr. Kerr and Dr. Alvey to give an opinion in justification, or condemnation, of my own opinion?

I paid Dr. Yeats the compliment of sending to his house to say that some medical gentlemen were going with me to see A. F. I deny that it was ungracious in me to persevere in taking them, because he was from home. Did he think it necessary to inform me when he asked a medical friend to visit A. F.? He never did. He must be aware that nothing new could be the subject of our conversation. The same facts which were fully stated to him at the former meeting, were now mentioned to Dr. K. and Dr. A., Messrs. Short, Pulley, and myself. The young woman was questioned by all the party, as to the different symptoms and declarations. The state of her general health at that moment was made the subject of particular inquiry. Her own account of the urinous vomiting, and particularly of the state of her feelings, when it was supposed to commence and to cease, were minutely attended to. Although Dr. Y. was absent, he either did know, or ought to have known, all we could possibly learn from A. F. seeing he was already pledged to publish the whole of the case. If I regretted that he was from home, does that mean he is authorised to say our meeting has an ungracious appearance? He is not authorised* to

* In his last communication he very adroitly contrives to throw all the blame upon me, but contrary to his recently-published opinions, I have a letter from him of the 27th of August, 1812, which perfectly exonerates me and them from every imputation of illiberal motives. He declares that old women and nurses only can be retailers of such declarations as he has lately indulged in respecting our meeting, when the document was signed.

repeat

repeat this observation, in the manner he does, after the full explanations he has received. If he thought it was essential for him to be present with Dr. K. and Dr. A. when they saw A. F. he was at liberty to send for them the next day. They maturely weighed the question before they committed their opinion to writing: the "document" we signed *agreed with an opinion which Mr. Short and Mr. Pulley gave me in writing*, after Dr. Y. and I met them, at the time above-mentioned. I neither did, nor was I called upon to express much sorrow at the absence of Dr. Y. After he had pledged himself to publish the case, and Mr. Pulley and I to answer him, surely we were each at liberty to ask the opinion of our respective medical friends, upon the subject in dispute. Dr. Y. was, I believe, at this very time, when he complains so much of my conduct, in the habit of showing her case, as reported in his case book, to many of his friends who were interested in the business. He was likewise in the habit of showing the case of Dr. Senter, with the view of biassing the public mind in his favor. Can he then, with the shadow of justice, accuse me of acting ungraciously, for assuring the public that many medical gentlemen of respectability were of a similar opinion with me, in regard to the existence of imposture in this case? Dr. Y. labors hard to make it appear that I acted with impropriety towards him, subsequently to the existence of the "document." His endeavours must be vain, because at the moment of my presenting him with a copy of it, he told me angrily and sarcastically "that he had no doubt of being able to controvert the opinion of five such great names as he saw attached to it." In the daily expectation then of seeing a publication which was to clear up the injured innocence of A. F. and put to confusion the opinions of her adversaries, I passed over many months. I had, however, the consolation of knowing that other medical men of great experience and celebrity were to bear the brunt of the attack with me; and I must confess that I had no great fears about the result of a public discussion of this curious case.

As Dr. Y. desires us to recollect that his remarks are purely defensive, let me shortly place the question in a fair point of view. I unfortunately meet with a case of illness in which I think there are just grounds for suspecting imposture: knowing well that a large portion of the inhabitants of Bedford felt unusual interest in this case, I must have committed an act of insanity in making this opinion public, if I had not felt assured that the circumstances of imposture were clear and convincing. (As far as I know they have proved convincing to every medical mind, with one exception.)

Dr.

Dr. Y. having believed in all the assertions of A. F. which I thought incredible, pledges himself to prove their veracity. Instead of doing this, he acts in a manner which I think very unjust towards me. Is it not in the highest degree unmanly to attempt to injure the medical reputation of a young man, recently established in a professional capacity? By publishing upon ischuria, without giving the case of A. F. Dr. Y. did this. It is sophistry to deny it. I felt an honest indignation at the appearance of his first paper; which I could not but show towards him, when I sent my statement of the case of A. F. to the Journal. He was never called upon to redeem his pledge, and prove the veracity of A. F. because I deprecated a controversy.

When Ann Fooks was said to be in the state of insensibility described by Dr. Y. in page 32 of your Journal for January last, Mr. Williams and I saw her. We are of opinion that it was designedly a feigned insensibility. When I went into the room, her mother told me that she knew persons by the touch,* and that if I would sit close by the bed, and let her feel me, she would be able to *mutter out* who I was, either immediately or soon after I was gone. A person of great respectability in the town can testify to a similar occurrence, whilst visiting her during the supposed state of carus ischuriosus. Would the celebrated men whose names Dr. Y. mentions (page 117), have thought these tricks compatible with a state of *real coma?* †

Well might I suppose that Ann Fooks was under the sole care of the druggist, because he occasionally visited her during this long period, which passes almost unnoticed in the history of her case: he was to report to Dr. Y. what medicines he thought fit to venture upon; and, although Mr. Williams and I were repeatedly desired to prescribe, we thought it wrong to do so, for reasons before stated. At this time, whilst A. F. was supposed to be suffering under "carus," her mother assured Mr. Williams and me, that she thought the urine was working about her, and would soon return to its natural channel.

JAMES GIBBON.

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* Upon asking how she (the mother) could tell this, she informed me that when her daughter came a *little to herself,* she could tell what had passed, and who had been there, whilst she lay in the fits.

† Dr. Y. has also omitted to inform you that A. F. in one part of her illness, had fits which continued for many hours, during which she barked exactly like a dog. The druggist, Mr. Palgrave, exhibited *a considerable portion of her lungs in spirits,* which she declared she coughed up.

For

For the Medical and Physical Journal.

Observations on the Vis Insita Musculorum, the Laws of which seem to have been overlooked, in some measure, by Natural Philosophers, in explaining Muscular Attachments and their Phenomena; by Dr. ALEX. RAMSAY.

ACCORDING to the rules of applying moving powers to levers where dead organs are the forces employed, natural philosophers argue correctly in asserting, *that the human muscles, by subtending small angles at the hinge or moving extremity of joints, are disadvantageously situated.*

If I am correct, however, in my opinions respecting the vis insita musculorum, the extension of the angle, *or in other words extending the moving power toward the remote extremity of the lever*, would promote a more objectionable inconvenience.

The muscles of the vital organs seem to possess one power, and only display one physical phenomenon, i. e. the vis insita musculorum. All these organs may, *by way of distinction*, be named hollow muscular agents; they are peculiar recipients; their contents at the same time distend, and excite their muscles to contraction. These muscles are for the most part annular or spiral; they are not opposed by other muscles; only a few individuals of men are on record who have possessed either power over, or cognizance of, these organs.

The muscles of locomotion present to our consideration very different phenomena. They likewise possess the vis insita musculorum, but we distinguish opponent muscles annexed to every member. Over all these the soul has power; and of all these, this immortal being has cognizance: hence, in the muscles of locomotion, we contemplate the wonderful superinducement of mental influence. By a few observations *on the influence of the vis insita, its connection in man with a large brain, and the miraculous force which mental influence has in promoting power*, perhaps we may in some measure account for the mode of muscular insertions, as a strong demonstration of creative wisdom.

The Vis insita musculorum, &c. considered.—Contraction *to a certain extent* seems the physical action of muscles, perfectly independent of mental influence, which indeed does not enter in any degree into the cause of pure physical phenomena; this is illustrated in the attitudes physically assumed by some organs. If the anatomist attends to a person standing before him, he will discover the hand, when carelessly

lessly hanging by the side, assumes the attitude Fig. 1st, i. e. the hand, is in the position, between complete pronation and supination, the thumb nearly touching the thigh.

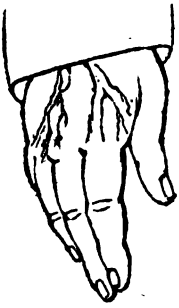

Fig. 1st.

Fig. 2d.

Fig. 3d.

When the soul is directed to the supinators, the superinduced mental influence of the supinators overcomes the vis insita of the pronators, and the hand performs half a rotation, as in fig. 2d, presenting a full supine view of the palm. When we attend to the phenomena exhibited in active motions, we seem entitled to suppose, that in consequence of every active exertion of one set of muscles, superinduced by mental influence, not only is the organ exhausted which is immediately influenced by the soul, but the opponent is exhausted likewise by operating against the active organ, by its vis insita or physical contractile power, ever present, ever acting. We cannot seemingly account for the stability of animal motions, but upon this principle. Were only the muscles which occasion flexion to exert, the limb must act by a jerk, unsteady and irregular, as in a dead body; or such as is exhibited in a paralysed member, which instantly starts by the influence of soul on the more living muscles, which not being balanced by opponent vis insita, we discover the half willing, half unconscious, operations of this disease. If I am correct in these statements, we account for the fatigue of even a stationary erect posture, as the opponent muscles of the trunk and inferior extremities are called into incessant exertion of their vis insita, in balancing the perpendicular figure of man. Brutes suffer comparatively little fatigue in standing, their base of support is so extended. If the reader attends to a person in an erect stationary attitude for any time, by directing the eye on his figure, *especially the head*, and comparing this head with a fixed distant object, he will be convinced that the person who stands,

though seeming to stand firm, is really continually in a rolling motion: one moment the flexors of the toes prevent him from falling off the centre, and another moment the posterior muscles correct physical danger, and toss him upon his centre. All this goes on without his consciousness: they are physical operations, excited and corrected by physical innate laws. Our system seems so wisely formed, as to carry on every function that is possibly necessary by laws planted in the system of our organs, by the Creator, perfectly independent of our exertions, leaving nothing for us to do but to use a perfect and unincumbered series of machinery. The reader attending to fig. 3d, perceives the hand in a complete state of pronation, which, compared with fig. 2d, conveys a notion of the whole range of palmar rotation, fig. 2d and 3d being the consequence of the utmost mental influence upon the rotation of the radius by its muscles. Fig. 1st represents the physical equilibrium of the vis insita of the supinators and pronators, which, left to themselves, by pulling equally, the hand falls into the semiprone state.

May I presume, in supposing, that our attention to the hand, in its physical attitude in another sense, seems to favor the notion of the vis insita in its influence? by adverting to the three figures of the hand, *which are taken from a strong man*—the fingers assume a bent position. This, though the hand of a gentleman, whose muscles are not so contractile as those of a laborer, never naturally appears more straight, unless the mind is directed to the extensors; and very powerful laboring people exhibit their hand nearly half closed, when it assumes its physical attitude. The flexors are very powerful; hence their proportionate vis insita occasions this attitude. A laboring man cannot bring his hand to a plain surface. That the extensors are merely sufficiently powerful to open the hand, and thus the vis insita of the flexors is not needlessly exhausted in closing the fingers, surely claims from us, *the rational offspring of a God*, the tribute of adoration and gratitude; and the reader would have reason to blame an author, did he not lead others as well as himself to the improvement of our knowledge of the ways of Providence in the last and most perfect work of creative munificence—Man!

As this is an age full of argument, *but chiefly only on one side, argument against sober opinions; to philosophise truly, we should have no side, no party; but bring forward data, and reason à posteriori: there is no end or benefit in theorizing à priori.* For the sake of argument, let us suppose that one of our philosophers in Paris, should make his perfect man. Let his biceps brachii reach to the carpal extremity of the

the radius, and the brachialis internus be inserted into the carpal end of the ulna. This lever has great power; but since its physical contraction is operating, *that the fore-arm may proceed in the contrary direction*, what is gained, since the extensor must correspond? Here is an immense deformed Parisian arm: the quantity of living vessels, muscles, and nerves, thus impressed upon a common brain, must surely unhinge the sensorium commune. But we must, perhaps, have likewise a Parisian new-framed sensorium, &c. and French chemists have made more bold attempts than this. How much more wisely has the God of Nature done! who, knowing the power of soul in kindling up instant and miraculously-powerful contraction, has used as little active matter as possible. We may easily convince ourselves that the exertion of soul alone can command this power, as powerful feats are performed either by sudden jerks, or steady and continued direction of the soul to the muscles exerting. We cannot calmly produce powerful contraction. Energy, anger, eagerness, desire, &c. must direct velocity or power. May I presume, that while we seem convinced of the existence of physical contraction, and contraction by mental influence, neither physical or mental causes can produce relaxation? When the tendo achillis is snapped, or the patella fractured, the muscles instantly assume their complete physical contractility; the same takes place in paralysis. The vis insita does not relax them. The mind has no influence on these muscles, when it ceases to have a power of restoring them by their appropriate opponents; relaxation is always a forced state by the medium of a foreign agent or opponent. So in the vital organs, their muscles are forced to their relaxation by their contents, as well as induced to contraction by the stimulus of their distending contents. This process, *if I am in an error, your learned correspondents will put me right*, seems a divine simplicity of one cause, producing two opposite consequences. The muscles yield, till the stimulus of distention force them to the convulsion of contraction.*

It

* Am I correct in supposing that the humerus must be luxated continually, did not the stimulus of the muscles, which contract by mental influence, excite a corresponding ratio of physical contractility in the opponent muscles? If the person who reads this try the experiment, he will be convinced, that while he clinches his fist, the extensors are excited in regulating the motion at the same moment. Hence I always recommend reducing luxation by previous syncope, induced by warm bath, or means of tobacco, &c. as nature revolts

It may not, I trust, be thought an irrelevant observation, that the vital organs are rarely paralysed, while those actuated by soul are very obnoxious to this malady. Brutes are by no means so liable to palsy as man; does this depend on their being more merely physical machines? Man seems to possess, *in proportion to his muscles, in consequence, perhaps, of his power of mind,* more physical power than any other animal. Your readers may probably recollect, not only the following, but more remarkable instances of human power, as well as ancient brutality, which sacrificed every thing to its own vanity.

An ancient warrior (whose name I forget) being solicited to give a specimen of his herculean force, before an assemblage of heroes, a strong helmet was placed on a block of wood, which was to be cloven by the sword of this exhibitor. Looking at the helmet with a steady countenance, his brawny arm hung carelessly by his side, his hand enclosing the hilt of the mortal weapon. He was observed, however, before he lifted his irresistible hand, to look furiously around upon the spectators, after which he inflicted the blow, which not only cleft the helmet in twain, but left the sword so deeply enclosed in the block, that no person present could extricate it from the wood but the power which engrafted it. When the company had been sated in their astonishment at such might of body, they began to inquire "why he eyed them so furiously previous to the descent of his thundering weapon?" "I," answered he, "determined, that if I failed in my attempt, no living man should relate my misfortune."*

Having

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at our levers and torture, in pulling a poor wretch to pieces. The celebrated Dr. Cullen used to give us some wholesome lessons respecting nurses and nature. "Never," said he, "speak of the power of your medicines before the nurse: perhaps she knows she never administered them." And Nature smiles at us behind the curtain occasionally, as in the following instance. A poor man in the Edinburgh Hospital had been put on the rack for a luxation of the shoulder joint: the surgeons were foiled—the man was put half dead to bed—the system was completely relaxed—he fell asleep—kind nature left to herself, the opponent muscles merely regulated gentle motion; they were no longer excited to rebellion by application of surgical skill. The man was found by the attendants fast asleep, his arm thrown over his head, and the os humeri in its place.

* I shall venture another consideration, which may, by the judicious practitioner, be often rendered useful in practice. I often employ the mind of patients in treating their maladies; and through this solitary medium have kept people alive for days in comfort—where soul is concerned in the promotion of disease or health, and where we

Having already extended this paper to a great length, I shall at present make but one further observation.

I annex a diaphragmatic diagram (fig. 4th) as one of the innumerable specimens of structure of animal organs, where the Divine Being teaches us two grand lessons—1st, That the harmonious and perfect manner usually directed by his *sacred finger is direction*, and not a necessary and undeviating law. 2dly, These deviations demonstrate to us, by absolute contrast, the infinite wisdom and goodness of those modifications usually observed by our Maker.

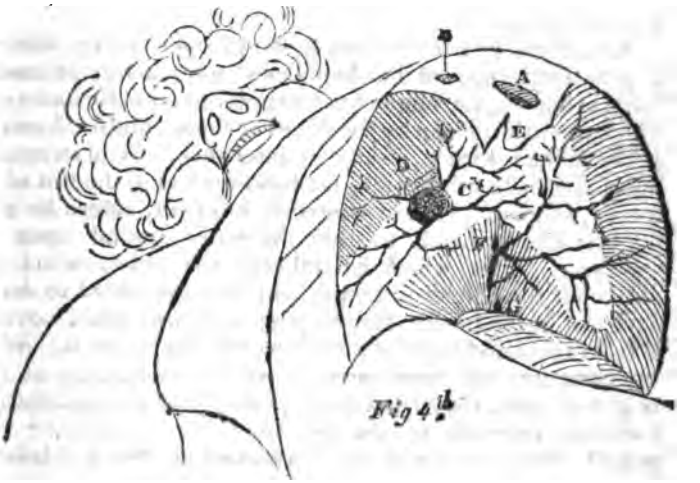

Fig 4th

The subject from which this diagram was taken, came before me in the years 1792–93, when I visited Dublin as a medical student.

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we can in some degree distinguish the intervening link between human and brutal intellect.

There seems some inherent power in the muscular system, by which means physical exhaustion is instantly regenerated or evolved on some occasions; and on other occasions, physical power is instantly extinguished for ever. *The modus operandi of any one phenomenon shall probably ever elude human research, at least until philosophy is in better hands than those who have put true philosophising completely to the blush, and at a stand, by setting Bacon and Newton, as well as their God, out of sight.*

When we sit down to dinner with a hearty appetite, sudden good or bad news shall instantly banish hunger as effectually as repletion. We often account for this from a slight nausea and anorexia, flatus, and flutter of the pulse: it seems a feverish rouzing of the heart and the gastric system. I find that lively children are equally susceptible of this false gastric loss of craving; I therefore avoid rousing their fancy

student. His age seemed 45. Every department of the system exhibited complete dropsy. Upon opening the abdomen, the following circumstances were observable. At A, the diaphragm was not connected with the ribs; the peritonæum run upward into the thoracic cavity $2\frac{3}{4}$ of an inch, the longest diameter was $1\frac{3}{4}$ of an inch. A similar one on the right side of the ensiform cartilage is represented in perspective at B. I have here left part of the peritoneal expansion (E), the better to illustrate the fact. The cordiform tendon of the diaphragm was interrupted at C. The muscular fibres (D) were continued to the orifice (C) of the inferior cava. A few tendinous films were seen crossing the carneous fibres near the orificial margin: would not convulsive motions, and even common respiratory function, narrow the area of the orifice, from the unopposed state of the physical contraction already mentioned? The subject had been uncommonly powerful. At 45 the muscular force of the heart and arteries often suffer highly diminished power, *especially in such a case as this, probably laboring under constant inconvenience.* The impetus or arterial circulation seemed to fail in overcoming these obstructions. Congestion in the venous system supervened, and universal dropsy prevailed. F is the cardia; G the aorta:* do such deviations as these prove

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fancy till they have finished their meals. Brutes seem incapable of such affections from these causes.

Suppose a man lies down to repose in the evening, completely exhausted—he falls asleep—the sudden alarm of fire, or the dark lanthorn of the assassin, shall, in the twinkling of an eye, conjure up infuriate energy—every muscle is strung; nature no longer conveys cognizance of weariness to her immortal inhabitant; he rises the same as if regenerated by balmy sleep, consummated by all the auxiliaries of nocturnal digestion and rest.

With difficulty the affrighted warrior, in the midnight onset, rouses his faithful horse: on these occasions, his brutal intellect receives no informations, his animal economy no renovation. The child is often deranged by nocturnal frights, from absolute apprehension, without absolute experience of events.

* As several of my philosophical friends, *not of the profession,* are subscribers to your valuable Journal, I may mention, for their information, the philosophy of the diaphragmatic structure, as it usually appears. The inverted cardiform portion, *of which C forms the centre,* in the diaphragm, in usual cases, is tendinous, the tendon reaching upward to D. By this structure, *as tendon is a passive substance, at least does not contract, though it may admit a little dilatation,* the muscles which surround the tendon, *in the act of contracting,* equally dilate a little the venal orifice (C); but in the case before us, the muscles (D) being continued to the orifice, their contraction will narrow, and in a measure obliterate the orifice.

to

to us the wisdom of construction? Do the usual hidden occurrences, developed by the anatomist, illustrate the slender, but sure and gradual premature mortality of human nature?

ALEX. RAMSAY, M.D.

3, *Villa Place, Walworth Common, near London, March* 2, 1814.

For the Medical and Physical Journal.

On Mr. Adams's new Operation for the Cure of Cataract.

IN the last month's Number of your Journal, it was stated that Mr. Adams had lately, by a new operation for the cure of cataract, been very successful in several cases which had before received no benefit under the late oculists of Greenwich Hospital; and, in the Courier of the 17th inst. the public were informed that —— Turnbull, esq. had been restored to sight in five days, by a "new method of extracting the cataract, by Mr. Adams, the oculist."

The information contained in your pages, might, perhaps, be a sufficient invitation to Mr. A. to make known the particular points which tend to give him such superiority of success; the public good and the happiness of individuals afflicted by darkness, must be claims on his diligence to delay as little as possible the promulgation of his improvements in this department of surgery.

I have had many opportunities of witnessing the progress of the absorption of cataracts when *cut up* as recommended by Mr. A. and though, in most instances, the process is soon completed, (not generally requiring more than two operations), yet I have also seen its dissolution extremely slow and tedious to patients who, on some occasions, have abandoned all thought of a repetition of an operation from which they have received but limited and procrastinated advantage. I am a follower of the operations practised by Mr. Adams, and am fully convinced of their superiority to those formerly recommended. The cataracts of old persons, which, in colour and consistence, often resemble horn, though admitting of a removal by repeated operations, are too frequently slow and difficult of absorption, and I conceive a safe method of extracting them becomes a desirable object; but such a method should bear the form of improvement on the former practice. In reading the notices before spoken of, the words "new" mode of "extraction" caught my attention, and I felt a hope that it might tend to remove the stumbling blocks which lie in the way of the blind in their road to light.

I, perhaps,

I, perhaps, may not be quite correct in having made the medical news of a public paper a subject for your valuable pages; but, concluding that Mr. Turnbull's case was made public by those who were acquainted with it, I feel it a point of importance that the profession should early become acquainted with the *new mode of extraction.*

Feb. 26, 1814. CHIRURGUS OCULARIUS.

For the Medical and Physical Journal.

On Pulmonary Consumption; by Mr. RICHARD WALKER, of Oxford.

HAVING, through the medium of periodical publications of the first respectability, disposed of the philosophical portion of my various experiments and observations, I propose now to open my budget of *professional observations;* after having been actively and attentively employed in the professions of physic and surgery (the more immediate or direct objects of my pursuit) for nearly forty years, including the period at which my attention was first directed to those professions.

Nearly five and twenty years of this time were passed, during the earlier or rather middle period of life, at the Radcliffe Infirmary, where, all circumstances considered, I enjoyed singular opportunities of obtaining professional knowledge.

The professional observations alluded to, and which have been collected, and put together, in the course of three or four years, in order to be made public, consist entirely of the result of my own experience, founded upon observations, made upon patients who were immediately under my own care, and also upon those of others, which, conjointly, have furnished me with a degree of professional experience, rarely equalled, perhaps, in another individual.

The observations alluded to are intended ultimately for publication collectively; but since it is uncertain when they may be sufficiently arranged and completed for the fulfilment of that intention, I may request, through the medium of your valuable repository of professional information, the favor of your inserting certain portions of them which I may be induced to send, as opportunity shall offer.

The subject of the present paper, viz. *Pulmonary Consumption,* is unquestionably an important one; and doubtless any attempt, especially when founded upon matured experience, at pointing out the means of obviating such a complaint, or curing it when present, and, moreover, to show

or make apparent the fallacy and danger of relying upon the imaginary efficacy of *certain proposed specific medicines* in it, cannot but be acceptable to the faculty and the community.

In addition to my experience on other persons suffering under this destructive disease, or having a strong constitutional tendency to it, I have occasionally been compelled to exert my utmost efforts to avert it in myself; and I may venture to assert with confidence, that I have hitherto effected this by a rigid attention to the mode of treatment or management I have here laid down, and recommend for the adoption of others.

It is proper to observe, however, that this is not my first professional paper, two others being already before the public, viz. "Observations on the remarkable Efficacy of *Carrots*, under a new mode of Application, in the Cure of Ulcers and Sores;" and a paper "on the Treatment of *Burns* and *Scalds.*"

The observations already before the public, and such as may follow, are the result of deliberate and mature consideration; but from the pressure of various avocations, I have been obliged to content myself with the hope, respecting the composition itself, that it merely conveys my sentiments intelligibly; and although some of my observations may appear somewhat trifling or insignificant in detail, they will be found important in practice.

In the course of any professional observations I may have occasion to present in future, as well as in the present instance, particular care will be taken to deliver my sentiments and opinions decisively and unequivocally, at the same time avoiding as much as possible, without sacrificing that intention, giving offence to any one. It will be likewise my endeavour to remove every difficulty, and to obviate every objection, which might be started by others against the validity of some of my opinions, which may differ, perhaps, from those ordinarily received at this time, or any injurious tendency they might be supposed to have.

My object and wish is, that the community should be benefitted by my experience; and I am confident, that by pursuing the rules I have laid down in the present instance, and likewise in those which may follow, such will be the necessary consequence.

It will be apparent that the following paper is a portion only, or a detached part, of a general work: due allowance will therefore be made for any references or relations it may appear to have to other parts of that work.

The preceding observations, I presume, may be consi-

dered not unnecessary, or superfluous, at the commencement of my plan of intended professional communications.

Oxford, RICHARD WALKER,
March 3, 1814. *Surgeon and Apothecary.*

On the Treatment of Pulmonary Consumption.

I have witnessed the trial of a great variety of *specific remedies* in this disease, of which a great many cases presented themselves, and watched the effects of each to the last; until, by a constant repetition of failures, without one successful instance, I became wearied by continual disappointment, and sunk into a total indifference respecting the administration of others which followed.

Among these latter specifics I shall notice two only, viz. *digitalis* and *uva ursi.* Digitalis acted very evidently as a strong sedative, diminishing very perceptibly the rapidity of the circulation, apparent by the pulse becoming slower in consequence of its use; but the disease itself progressively advanced, and in the end terminated fatally. The only sensible alteration I observed in the different patients by its use, was an apparent abatement of the hectic fever, induced, as I concluded, by the debilitating powers of this deleterious drug, which I had no doubt hastened the end of those who took it, and in two instances *suddenly,* of which I was an eye witness. This is an effect in the exhibition of the digitalis which has been noticed, I believe, by others of the faculty as well as myself.

I observed nothing in the effect of uva ursi in pulmonary consumption to induce me, *in the least degree,* to alter my general opinion of the total inefficacy of *reputed specifics* in this disease.

At page 94 of a work entitled "Cases of Pulmonary Consumption, &c. treated with Uva Ursi," published in 1805, the author, in a very handsome manner, notices my attention to some of the cases which occurred at the Radcliffe Infirmary; and particularly in one case, where that gentleman states that he asked my opinion respecting the nature of the complaint, before he began the use of uva ursi, in which I concurred with him that it was evidently a case of *incipient pulmonary consumption,* and which opinion has since been confirmed by that person dying consumptive.

This gentleman likewise intimated a wish to know my opinion respecting the *efficacy* of uva ursi, in those cases which had passed under my observation, to which, influenced chiefly by his zeal, I had given very particular attention, especially one, whom I watched *incessantly,* from her entrance into the Infirmary to her death, a period of about

seven

seven weeks, viz. Mary Hopgood, a middle-aged woman, who, according to her account, had enjoyed very good health, until she had taken cold about six months before her admission into the Infirmary, which was in the beginning of July 1803; upon whom I could discover no sensible effect whatever, attributable to the uva ursi, except *nausea and loathing of nourishment,* when the medicine happened to be urged beyond what her stomach would bear, either upon the state of the pulse, or the progress of the disease; her urine, indeed, as is usual in the exhibition of uva ursi, was tinged with the color of that drug.

Thus circumstanced, and with the addition of further evidence of the same tendency, I found it impossible, consistently with my judgment and conscience, to give a favorable report, and therefore got rid of the question in the most delicate manner I could, being well aware that nothing but an equal degree of professional experience to my own, could have induced that gentleman to view this matter in the same light as I did myself.

Having been taught, by repeated observation, to consider uva ursi as an useless drug, I was induced to make the following trial respecting its supposed *sedative* quality; accordingly, I attended to the state of the pulse in two patients every night and morning for nearly six weeks, one of whom was taking uva ursi alone, and the other the same medicine, but in conjunction with opium; the result was, that in the latter person the pulse became progressively slower, but not in the former. In each instance I attended to the ratio of the pulse previously to their commencing this plan.

To the effect, therefore, of the opium which was joined with the uva ursi, as far as medicine was concerned, I ascribed, at that time, the alteration of the pulse, and amendment in the patient, who had the "disease in the urinary organs," which led the author to the trial of uva ursi in pulmonary consumption, and which is the subject of the first chapter.

This "elderly man" took, as in the author's words, "ten grains of uva ursi, rather more than that quantity of bark, and half a grain of opium, thrice in the day, for about seven weeks, and was then discharged, most remarkably improved in his general health, and very materially relieved with regard to the local affection." An alteration by no means attributable to the uva ursi, and which I am confident would have equally occurred had any other harmless substance been substituted in its stead, believing myself that *rest, and the comforts of the Infirmary,* had no small share in the beneficial effects which were produced on this poor old man;

whom I well recollect, and who had before worked hard and fared but indifferently.

I should not have entered so minutely now on this subject, had I not thought it necessary, on account of the place to which I have assigned uva ursi in this work, and in which place of obscurity I should hope, in future, it will be quietly suffered to remain.

Thus it happens that inefficacious drugs obtain a place in the catalogue of remedies, and unfortunately retain their place, because contemporary or succeeding practitioners have wanted a due degree of experience to fortify them with a sufficient degree of confidence to put a negative upon them! for I am certain, had this gentleman witnessed the *whole practice of an Infirmary*, with his discernment and attention, for twenty years, he could no more have proposed uva ursi as a remedy for pulmonary consumption, in any stage of it, than he could have proposed it for the purpose of arresting or checking the progress of advancing old age.

Upon this occasion, according to the author's directions, the healthy-looking or well-preserved leaves only were used, (the stalks and withered leaves being rejected) which amounted, upon an average, to somewhat less than three-fourths, by weight, of the whole of the specimens, as received from the druggist.

There are two evils arising from a pertinacious adherence to a *specific*, mistakenly so considered. 1st. All other means, consisting of an appropriate regimen, palliating medicines, and various other salutary measures, are entirely overlooked; whereas, by a judicious application of these, nature might be enabled in many cases, particularly in recent affections, to conquer the disease, and in all cases the patient's sufferings mitigated to the last. 2d. It too commonly happens that the fallacious specific is not entirely of a passive nature: hence the sufferings of the patient are aggravated by the supposed remedy. This accumulation of evil was most strikingly exemplified in the instance of *Mary Hopgood* above-mentioned; and which, to any person whose long experience and great familiarity with cases of a similar nature had taught real or true professional wisdom, must necessarily prove extremely irksome and distressing.*

* The Radcliffe Infirmary is conducted upon the most liberal plan, respecting the accommodation of the faculty and the patients. In this instance the patient, Mary Hopgood, in order to be free from the annoyances incident to a large ward, was placed in a smaller one, (a comfortable airy room,) where she possessed every advantage to be obtained in a private house.

I should

I should not, for various reasons, have expressed my sentiments so freely on this work, but for the great importance of the subject, together with the consideration that my experience of the effects of medicine on diseases generally, conjointly with my observations in this particular instance, renders it morally impossible I can err when I assert, that *the administration of this drug in* PULMONARY CONSUMPTION *aggravates the sufferings naturally incident to the disease itself*, unless confined to so small a dose as to render it *merely inert.*

I wish it to be understood that I do not take upon myself to assert positively that uva ursi has no effect with respect to *altering the ratio of the pulse*, provided it be exhibited in doses sufficiently large; but as I have observed before, respecting the exhibition of digitalis, I consider this as no criterion of its salutary effects on the disease, but rather otherwise. It is remarkable, however, that in another instance of its exhibition for five or six weeks as before, the author and myself attended separately to the state of the pulse, and at the end of that time, upon comparing notes, it was found there had been no sensible alteration in the pulse attributable to the uva ursi.

With respect to the astringent quality of uva ursi, and its peculiar determination to the urinary passages, demonstrated by its effect on the urine of some patients, when persisted in for a length of time, which I presume originally led to the exhibition of it in various diseases of the urinary organs, and for which it still preserves *a questionable kind of celebrity*, as in catarrhus vesicæ, diabetes, &c. I confess I could never observe any decidedly good effects from its exhibition in such disorders, and I am certain, as I shall have occasion to speak of more fully hereafter, that much more may be done by other means, particularly in the former of these diseases.

Several professional persons, as I well know, entertain an opinion that at the worst uva ursi is an inoffensive medicine, believing that "if it does no good, it can do no harm." In order, however, to satisfy myself respecting the peculiarly unpleasant sensation this drug produces in the stomach, so frequently described to me by patients, as well since I left the Infirmary as before, when prepared as above, I took twenty grains of it myself about two hours after breakfast, which deranged my stomach so much as entirely to unfit it for relishing my dinner; and, by the bye, my stomach is not easily diverted from its purpose when dinner presents itself. This effect is commonly produced in the stomach of persons

debilitated by disease, when so much as ten grains are taken, or from thence to fifteen.

Strictly speaking, in my opinion there is no specific medicine for any internal disease to which human nature is liable. Syphilis, which might be considered as a contradiction to this assertion, arises, in all instances within our knowledge, from infection, and may therefore be considered as the effect of a poison of a peculiar nature, consequently differing entirely from diseases, properly so called, and for which poison mercury is the antidote.*

If this be the fact, as experience and reason have convinced me, how extremely injurious, as well as futile, are the constant attempts to discover specific medicines, and to introduce them to the credulous community!

Whether subsequent experience has in any way affected the opinion of the author respecting *the efficacy of uva ursi in pulmonary consumption*, since his publication, I know not; mine is still the same, and I am confident must ever remain so.

(To be continued.)

For the Medical and Physical Journal.

Remarks on Mr. Murphy's Natural History of the Human Teeth.

WHEN first I saw notice for the publication of a Natural History of the Human Teeth, (after the scientific work written by Mr. Fox on that subject,) I was naturally led to suppose the author had gleaned some very useful information from his practice, or made some material improvements in the operations which are performed on them: this induced me to procure the book, and peruse it with attention. How far my expectations were realized, the remarks which are subjoined will determine.

The author observes in the beginning, and also repeats in various parts of his work, how much the beauty of the face depends upon the regular growth and formation of the teeth: he is even in doubt whether the loss of an eye or a front

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* I shall have occasion hereafter to make a distinction, as I consider it, between *actual diseases* and *mere indispositions*: pulmonary consumption I consider as coming under the former class or denomination, and ague, or intermittent fever, under the latter.

N.B.—In cases where an astringent is indicated of the absorbent tonic kind, which certainly is not in the earlier stage of pulmonary consumption, I think liquor calcis taken in the usual way with milk, or, according to circumstances, in combination with cinchona, promises to be most efficacious.

tooth

tooth is the greatest deformity. This I thought was nothing but a fair sort of manœuvre to establish the necessity of consulting the dentist; for if we can persuade people that personal qualifications can be gained, however vain or ridiculous the means may appear, they will seize them with avidity; and if the loss of a tooth be equivalent in deformity to that of an eye, of how great importance is it that the dentist should be resorted to, by whose art all these defects can be remedied!

Proceeding forwards, we have an anatomical descriptio of the bones composing the orbit of the eye, nose, as well as the jaws; also the formation of the teeth, their number, order of cutting, &c. The whole, with the least possible alteration, may be found in a system of anatomy now very generally used in the schools. In this it may be said, how could you expect to find any thing novel, since the subject has been so ably elucidated by Mr. Hunter and others? I agree, very little; but the copying might have been more disguised, and if copying was at all necessary, why not do it from the best authors on the subject?

Speaking of epulis or gum-boil, he tells us, that when the effects of the disease have extended to the vessels at the point of the fang, and to the periosteum and socket, the circulation being *impeded* in those parts induces inflammation; suppuration takes place. Going on further, when the matter is formed, it *erodes* the socket on the outer side opposite to where it had formed, and bursts through the gum. How the want of circulation can produce inflammation, I am totally at a loss to conceive, as the general doctrine of inflammation has for one of its characteristics an *increase* of circulation, on which depend the redness and heat that is produced. When the matter is formed, it is said to *erode* the socket! This appears to be very curious, as it seems to erode its way to the surface. Now if it was by any acrid quality which the matter possessed, that we were to account for the bursting of an abscess; I would beg to ask how it is that the contents, however situated, have such an universal tendency to make their way to the surface of the body, or some cavity into which they can be discharged? It would be fair to suppose that matter would make its way according to gravitation, for there its greatest surface would be in contact with the containing parts; but that this does not happen, every day's experience must show. The matter contained in the gum-boil, after it has eroded the socket, bursts through the gum. Now, when the business of eating through the alveolar process has been accomplished, it no longer erodes, but forces its way. Perhaps from the action between

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it and the bone, some gasses may have been formed which have the forcing or bursting power. This does not seem to agree at all with our author's opinion of the manner of cutting the teeth, when he condemns the practice of giving hard substances into the mouths of children to facilitate that operation, for there, he says, it is not a mechanical process, but proceeds from the absorption of the gum; and I should be inclined to say, may not absorption be the means by which the matter of gum-boil makes its way out? Was it to be said diseases of the teeth had been entirely forgot, it might be liable to contradiction. Some cures for the tooth-ache are certainly put down; and here the necessity of consulting the dentist is again hinted at, as we are told, it is now customary in polite seminaries to have the regular attendance of a dentist, he being capable, with the assistance of a magnifying mirror, to discover the decay long before any other person.

Was it not trespassing on your valuable pages, much might have been advanced to show (in the present instance at least) how little the minute divisions of surgery have conduced to its advancement. When a man fixes his whole attention to the diseases of one particular part, as the teeth, eye, &c. &c. it generally happens his mind becomes contracted in proportion to his attention: on the contrary, when a man has fully studied the anatomy, physiology, and diseases of the whole body, and fixes on one particular part, his collateral knowledge is like a light shining from many points to illumine his subject.

The object I have in writing this is not from any personal hostility to the author, but merely to call the attention of medical men to the system of book-making, which has become so very prevalent, and injurious in its consequences.

B.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Practice of Medicine among the Patagons.

"AMONGST them the practice of physic is reduced into a very narrow compass, and takes in no more than vomiting and phlebotomy. These two evacuations must answer

answer all varieties of cases and purposes; and where this will not do, the disease is incurable in their land. Their way of bleeding is to give a good chop with some edged tool or other in the part that is affected, be it leg, or arm, or face. Their mode of procuring a vomit is to thrust an arrow a foot and a half down the throat, which speedily produces the effect."—*Magellan's Voyage to Magellanica, &c.* 1519.

Practice of Midwifery, and Management of Sick People, among the Toccoupinambaultii.

"As touching the travail of women, I and another *Frenchman*, lodging in a certain village, about midnight heard a great outcry of a woman, and supposing she had been surprised by the cruel beast *Jan-ouare*, we arose and ran unto her, and found the woman in travail, to whom the husband performed the office of a midwife. He received the infant into his arms, cut the navel-string asunder with his teeth, but pressed down the nose (for they esteem the beauty of children to consist in the flatness of the nose). The newborn infant is presently washed, and painted by the father with colors black and red; then, not being wrapped in swaddling-clothes at all, it is put into a cotton hanging bed.

"If peradventure it happens that any of them fall sick, when the inward and familiar friend of the sick person hath declared the grieved part, one sucketh it with his mouth. Sometimes also that service is performed by certain impostors whom they call *pages*, that is physicians or surgeons. (But they are a kind of people differing from the Caraibes, whereof I have spoken before.) And they also say, that they draw out the pain, and prolong the life. They are sometimes sick of fevers, and other common diseases, but not so often as we used to be. Moreover they are troubled with a certain incurable disease which they call *pians*. This for the most part proceedeth from lust; yet I have seen the little children infected therewith, not unlike the manner of our country measles. This contagion breaketh out into pustules broader than a thumb, which overspread the whole body, and also the face itself. They never give meat to the sick unless he desire it, although he be ready to perish through hunger. Moreover, although it be the most grievous disease, they that are healthy never cease dancing, singing, and drinking, after the accustomed manner, to dull and weary the miserable sick person with the noise. Nor doth he complain, because he knoweth that he shall not prevail at all."—*Villegagnon's Voyage to South America*, 1557.

Singular Disorder which affected the Crew of one of the Ships under Command of Sir Thomas Cavendish, in his second Voyage to Magellanica in 1591; *written by John Lane, who was on board the Rear Admiral of Cavendish's Squadron.*

The vessels had been nearly three years in the voyage; had been subjected to various casualties; and the one in question had parted company. The men had suffered extreme hardships and severe privations, which probably laid the foundation for the complaint described in the following narrative. "Being thus at sea, when we came to *Cape Frio* the wind was contrary, so that three weeks we were grievously vexed with cross winds, and our water consuming, our hope of life was very small. Some desired to go to Baya, and to submit themselves to the Portuguese, rather than to die for thirst; but the captain, with fair persuasions, altered their purpose of yielding to the Portuguese. In this distress it pleased God to send us rain in such plenty, as that we were well watered, and in good comfort to return. But after we came near unto the sun our dried penguins began to corrupt, and there bred in them a most loathsome and ugly worm of an inch long. This worm did so mightily increase, and devour our victuals, that there was in reason no hope how we should avoid famine, but be devoured of these wicked creatures. There was nothing that they did not devour, iron only excepted: our cloaths, hats, boots, shoes, shirts, and stockings: and for the ship, they did so eat the timbers, as that we greatly feared they would undoe us by gnawing through the ship's side. Great was the care and diligence of our captain, master, and company, to consume these vermin, but the more we laboured to kill them, the more they increased, so that at the last we could not sleep for them, but they would eat our flesh, and bite like mosquitos. In this woeful case, after we had passed the equinoctial towards the north, our men began to fall sick of such a monstrous disease, as I think the like was never heard of: for in their ankles it began to swell; from thence in two days it would be in their breasts, so that they could not draw their breath; and then fall into their cods; and their cods and yard did swell most grievously, and most dreadful to behold, so that they could neither stand, lie, nor go. Whereupon our men grew big with grief. Our captain, with extreme anguish of his soul, was in such a woeful case, that he desired only a speedy end; and though he was scarce able to speak for sorrow, yet he persuaded them to patience, to give God thanks, and, like dutiful children, to accept of his chastisement. For all this, divers grew raging mad, and some died in most loathsome and furious pain. It were incredible to write our misery as it

it was. There was no man in perfect health but the captain and one boy. The master, being a man of good spirit, with extreme labour bore out his grief, so that it grew not upon him. To be short, all our men died except sixteen, of which there were but five able to move. The captain was in good health; the master indifferent; Captain Cotton and myself swollen and short-winded, yet better than the rest who were sick; and one boy in health. Upon us five only the labour of the ship did stand. The captain and master, as occasion served, would take in and heave out the top-sails; the master only attended on the sprit-sail; and all of us at the capstan without sheets and tacks. In fine, our weakness and misery was so great, that we could not take in nor heave out a sail. So our top-sail and sprit-sail were torn all in pieces by the weather. The master and captain taking their turns at the helm, were mightily distressed and monstrously grieved with the woeful lamentation of our sick men." In this condition they arrived at *Bear Haven* in Ireland, where they ran the ship on shore on the 11th of June, 1593.—*Hackluyt's Collection of Voyages.*

[*** We intend in future to appropriate a portion of this part of our work to selections from the several Philosophical, Medical, and Surgical Journals, which of late have multiplied in so extraordinary a degree, that it is probable some of them must shortly share the fate of some of their predecessors. But as they all contain interesting matter and valuable facts, we wish to embody as much of these as possible in the Medical and Physical Journal, which is now the longest established, and contains in its numerous volumes the greatest collection of medical opinions, cases, and original dissertations, of any periodical work upon medical subjects published in Great Britain.]

Case of Diseased Cervical Vertebræ terminating by Anchylosis. With Observations on the Treatment of Caries of the Spine; and an Outline of a Carriage, partly upon a new construction, for the use of patients laboring under that disease. By JOHN ARMSTRONG, M. D. Sunderland.—It has been asserted by an author, whose zeal and labours I respect, that nothing remains for any future writer on the subject about to be discussed, but to give his sanction to the measures which Mr. Pott suggested.* Without presuming to throw any additional light on this matter myself, it still seems to me partly involved in obscurity, and capable of further elucidation, particularly in what regards the treatment. My object in publishing the underwritten case and observations, is to shew the great efforts which nature frequently makes toward accomplishing the cure in caries of the spine, and, at the same time, to diminish the high confidence which the writings of Mr. Pott and some other authors are calculated to inspire, respecting the efficacy of caustic issues in this disease; and if my scepticism on the latter part of the

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* Practical Observations on the Disease of the Joints, commonly called White-swelling, &c. &c. By Bryan Crowther. London, printed for J. Callow, page 216.

subject should appear to many of too decided a character, the best apology which I am able to offer at present, is, that it has not arisen from idle speculations, but has been impressed upon me by weighty facts.

JOHN CUMMINGS, aged 11 years, was placed under my care on the 28th of July 1812. He was then extremely emaciated; had lost the use of the lower extremities and right arm; and possessed but a very slight command over the left, from the elbow downwards, just being able to raise the fore-arm feebly from the pillow, but not to grasp any thing in the hand. Though the muscles of the extremities were much wasted, they were neither loose nor flabby, like those of a truly paralytic limb; on the contrary, they felt tolerably firm, and there was considerable rigidity about the joints, particularly of the knees, so that much force was required to bend them, which, being effected, the heels were suddenly drawn to the buttocks. He complained of a fixed, and occasionally violent pain in the middle of his neck, which was always much aggravated by motion of the head or trunk in any direction. On examining the cervical vertebræ, the patient shrunk with a kind of agony when I pressed my fingers rather forcibly upon the bones; there was, however, no angular projection; but the neck seemed rather twisted towards the left side, and the head slightly inclined to the right shoulder. Here all the most material mischief existed, for the dorsal and lumbar vertebræ were apparently free from disease. The right external ear was one complete secreting surface; the glands, both of the right and left side of the neck, were enlarged and indurated. He passed his stools and urine involuntarily; the former of which were scanty, dark, and fetid. His abdomen was tense and swollen; his face pale, shrunk, and sharp; the edges of his eyelids tender and inflamed. The tongue was white, and covered with a kind of slime; and his appetite said to be keen and voracious; his pulse beat about 130 in the minute, and with more force than might have been expected from his general weakness and emaciation. He breathed in a hurried, feeble, and anxious manner; and now and then was troubled with a short dry cough. He had hectic heats and chills daily, became very feverish at nights, perspired more or less every morning, after which he obtained some short and unrefreshing sleep.

From the mother of this poor boy, the following particulars were collected respecting him. About the Christmas of 1809 he had the scarlet-fever, from which with great difficulty he recovered; and was left so much enfeebled, that nearly twenty weeks elapsed before he was able to walk out into the open air. He gradually, however, regained his strength, and, towards the close of the following year, went to attend the trap-doors in the coal-mines. This employment required but little exertion, as he had, for the most part, either to sit or stand, and, at first, it seemed to produce no material change upon his health; but at the expiration of three or four months he became dull and sluggish, began to lose his flesh, and had no relish for his usual amusements, notwithstanding his appetite remained good, and he slept tolerably well. His parents, suspecting that the coldness and dampness of the mine occasioned this change, were anxious that he should leave his occupation; but as his father was then

then incapable of laboring for the support of the family, all their entreaties were unavailing. About this time he began to complain of the pain in his neck, which never left him, though he continued regularly at work until March 1812. In the end of this month, weakness, numbness, and partial loss of feeling were first noticed in his arms, which increased till the 5th of May following, when he was entirely deprived of the use of them, except the power of feebly raising the left fore-arm. On the 1st of May he was observed to trail his legs behind him, and he found himself quite incapable of walking five days afterwards. Ever since that period he has been in bed, and passed his stools and urine involuntarily, and daily become more emaciated, though his appetite has rather increased than diminished during his illness.

Not having much faith in the means commonly recommended in diseases of the spine, I determined not to order the application of caustics; still, however, I conceived that something might be done by way of assisting nature in her efforts to overcome the disease. His appetite was large, while his alvine evacuations were few and scanty; with the intention, therefore, of obtaining regular motions by the bowels, I directed that two, three, or four of the aloetic pills might be taken every night; and desired that his food might be light and nutritious, such as milk and hasty-pudding, small portions of fresh animal food, mutton-broth, and the like. All other directions that might have been given with a view of promoting an anchylosis of the diseased vertebræ of the neck, had fortunately been long anticipated by the care and watchfulness of his mother. Finding that motion gave him excessive pain in the neck, she had kept him almost constantly in the horizontal posture, though she daily cleaned his bed, changed his linen, and washed him with warm water. She was also particularly careful to have his room well ventilated, and, occasionally, when the weather was mild and dry, she carried him, placed horizontally upon pillows, into the open air, and sometimes laid him upon the grass, in a warm and sheltered place. All this was accomplished in so gentle a manner as not to occasion any increase of pain. Desiring that he might still be kept as much as possible in the horizontal position, I left my little patient, not without anxiety for his welfare. As he lived some miles distant from the place of my residence, I had not an opportunity of seeing him daily, but calling upon him occasionally in the course of the summer, had the pleasure of observing his gradual and progressive improvement. The pills were regularly continued, and produced two or three copious stools daily; his tongue became cleaner, his looks more animated, and the hectic considerably diminished; he slept better, and seldom complained of violent pain in his neck. About nine weeks after my first visit, he one day desired his mother to observe that he could move all his toes and fingers; nearly at the same time, he was now and then suddenly seized with severe pains and spasms in his limbs, and also started and talked much in his sleep. In less than a fortnight from this period, he recovered the use of both arms at once, and in two days more of the lower extremities, together with the power of retaining his stools and urine. He was able to walk pretty

well with the assistance of crutches, which, in a few weeks, he entirely laid aside. In the end of November the sore of the right ear was healed, and the tumefied glands on the left side of the neck began rapidly to suppurate; and a spontaneous opening taking place, there was a pretty copious discharge of healthy pus for some time. When this natural drain ceased, a seton was cut in the neck, with the design of discussing the obstructions that still existed about the right parotid and neighbouring glands; this, however, seemed to produce no material benefit, and it was afterwards dried up. The purgative pills were persevered in some time longer, and the whole of the glandular obstructions at length disappeared. It may not be superfluous to remark, that before any of the glands began to suppurate, he had regained the motion of his limbs, and he walked to the dispensary to have the seton inserted in his neck.

This poor boy was seen occasionally during his illness by John Croudace, Esq. surgeon of this place, in passing with me through the village where he resided. In the course of his illness, he was also frequently visited by John Grimshaw, of Tatfield, Esq. who first recommended him to my notice, and by whose benevolent assistance his relations were enabled to procure him many comforts.

Several months have now elapsed since he regained the use of his limbs; and he has become so vigorous, that he can walk many miles without fatigue. He has occasionally called with his mother at my house, and has been examined by several of my medical acquaintance. He says he can bear as much, or even more exercise than he could before his illness, but finds his right arm not quite so strong as the left. His head is almost immoveably fixed to the spine, with a slight inclination to the right shoulder; and he is incapable of performing the nodding and rotatory motions, so that the whole trunk seems to be thrown into action whenever he attempts to move his head forward, backward, or sideways; from which it is evident that the first and second vertebræ, to say nothing of the rest, must have formed very close adhesions about their articulations. Realdus Columbus, the successor of the celebrated Vesalius in the school of Padua, notices the case of a man in whose body he discovered, on dissection, the first cervical vertebra firmly united to the occipital bone.*

In the first paper which Mr. Pott published on caries of the spine, he states, that he had never seen the arms paralyzed by it, in whatever part situated;† and in his subsequent observations on the same subject, he mentions it as a rare occurrence.‡ If I may be allowed to judge from my own limited experience, the upper extremities are generally affected when the cervical vertebræ become diseased. In the instance above described, they were affected some weeks before the lower extremities. In another part of his work, Mr. Pott, I am persuaded, is not altogether accurate in asserting, that in naturally infirm children, the curvature of the dorsal vertebræ is always the first mark of the distemper;§ for, if I mistake not, it often happens,

* De Re Anatomica, Lib. xv. page 263.

† The Chirurgical Works of Percival Pott, F. R. S. in three volumes. London, printed for T. Lowndes, 1783. Vol. III. page 401.

‡ Pott, Vol. III. page 442. § Pott, Vol. III. page 404.

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in such subjects, that either the cervical or lumbar vertebræ are first attacked; and as, in examples of this kind, the bodies of the vertebræ may become carious without a visible projection, it is the more allowable to point out an incorrect and general assertion, proceeding from so high an authority in matters of this kind. The present, however, cannot be deemed a case exactly in point, notwithstanding it occurred in a naturally weak boy, and the cervical vertebræ were diseased without an incurvation from within outward; for I conceive that, in this patient, the caries was dependent, however remotely, on the scarlet fever. If scrofula be latent in the system, no complaint so generally makes it appear, in children especially, as the malignant scarlet fever, particularly if they be exposed to cold after their recovery, whilst in an enfeebled state, as happened in this instance. Many striking occurrences of this nature were presented to me about four years ago, when the scarlet fever prevailed to an alarming extent in Sunderland and the neighbourhood. No preventives against such consequences are equal to warm clothing, occasional purging, and tepid bathing.

The kind of palsy which afflicted John Cummings, if, with propriety, it may be so called, clearly indicated, that in him the disease was altogether spinal. In the true paralysis, depending upon an affection of the brain, the muscles are soft and flabby, and the joints loose and unresisting; in him the muscles were indeed shrunk, but at the same time firm and tense, by reason of which the knees had acquired considerable rigidity, so that when the legs were stretched out in a straight position, much force was requisite to bend them; the ankle-joints were stiff, and the toes strongly turned downwards, by an apparently spasmodic action, which circumstances are characteristic of diseased vertebræ.* The long-continued pain in the neck, the agony caused by motion and pressure on the cervical vertebræ, the palsy of the upper preceding that of the lower extremities, all point out the nature and precise seat of the disease. Nor can it be urged, in objection to this opinion, that there was no incurvation of the bones of the neck, since it often happens in caries of this part of the spine, and, as Mr. Pott has himself observed, particularly of the lumbar vertebræ, that, in fact, there is no angular projection: the reason of which appears to be, that the spinous processes of the cervical are almost, and those of the lumbar vertebræ quite horizontal; whereas, the long over-lapping spinous processes of the dorsal vertebræ have a considerable obliquity downwards, and, of course, are most liable to be forced outward, by the pressure and weight of the head and trunk, when the bodies of such vertebræ become carious and approximate, on account of the destruction of the intervening cartilages.† Lastly, the fixture of the head, in this

* Pott, Vol. III. page 434, 435.

† Observations on Disease of the Hip-joint, &c. by the late Edward Ford, second edition. See a very sensible note on this part of the subject, page 242, 243, by Mr. Copeland, the editor of that excellent work.

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case, and the immoveable state of all the cervical vertebræ, after the completion of the cure, leave no room for doubt upon the situation and species of the disease. Here, then, is a striking example of caries of the spine terminating favourably without issues, or drains of any kind; for it must be remembered, that the glands in the neck did not suppurate till after the boy regained the motion of his limbs, and that he walked a distance of several miles to have the seton inserted in his neck. If it be contended, that there was an almost perpetual drain of matter from the right ear, I answer, that this was so small, and so removed from the part affected, that it could have little, indeed no influence over the disease of the bones of the neck. Moreover, this discharge took place before he lost the use of his limbs, and therefore seemed to have no power in retarding, much less in arresting the progress of the complaint; in short, it was a mere secretion from the external ear, and no way concerned with the caries of the spine, except, perhaps, that it owed its origin to the same scrofulous taint of the constitution. The cure, then, of this case, was not affected by any drain, natural or artificial, but principally depended upon an effort of nature, by which, in all probability, the bodies of the bones affected were brought into mutual contact, and united firmly together, the morbid action being at the same time suspended. The aloetic pills, by keeping his bowels in a regular and rather lax state, perhaps indirectly assisted digestion and assimilation: at least their exhibition proves, that daily purgation may sometimes be used, when great emaciation exists, without prejudice, if not with advantage.

A review of the above case would certainly lead one to suppose, that rest in the horizontal posture of the body was really serviceable: and other examples of the kind have convinced me, that such a mode of treatment should generally be adopted, under similar circumstances, proper regard being paid to ventilation, cleanliness, tepid ablutions, and diet. We sometimes see children, with diseased spines, placed in an erect position, daily jolted in common carriages, or carried about in the arms of servants, without attention to the posture of their bodies; all which must necessarily tend to prevent the reunion of the separated parts, and materially impede the natural cure. The same, or similar objections may be extended to spinal machines, yet the ingenious Darwin has taken some pains to recommend them, and improve, as he supposed, their construction.* When the intervening cartilages of the vertebræ are destroyed, rest in the recumbent posture must be something like placing the ends of fractured bones opposite to each other, and retaining them in that situation. No doubt fresh air and motion would be highly desirable, by way of keeping up the vigour of the system, particularly if they both could be obtained at the same time, without agitation of the parts affected. For this purpose, an inner frame of a carriage is to

* Zoonomia, Vol. III. page 141, 142, third edition, 800. London, printed for J. Johnson, 1801.

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be formed into a kind of crib, and hung upon jambles, like a ship's compass: the box which contains the card, represents this crib, or place, where the patient is to be laid horizontally upon a soft mattress, and the wooden case of the compass represents another and outer frame of the carriage, which is to be suspended in the ordinary way, by easy springs. For the sake of complete security, it is evident, that the centre of gravity of that part in which the patient is to recline, must be lower than its centre of motion, after the manner of the swing-cradle. The above is a mere outline; but I hope it is drawn with sufficient distinctness to enable a good mechanician to build a carriage of much easier motion than those upon the common construction.* Whether this machine at all resembles that contrived by Larrey, the French military surgeon, for the conveyance of wounded soldiers, I have yet to learn, being, at present, only partially acquainted with his writings, through the medium of the English journals.

When the spine shrinks either to the right or left side, without an incurvation from within outward, there is, as far as I have observed, very seldom any disease in the vertebræ themselves, such affections, generally speaking, depending upon relaxation of the ligaments and soft parts. In practice this is an useful consideration, as it may save many a poor child from the pain of caustics, which, in such cases, can surely answer no good purpose. And whether caustic issues have actually the power of curing caries of the spine, it may not be improper to inquire in this place.

During the prevalence of the humoral pathology, issues were held in high estimation. The celebrated Willis compares them to trenches, cut for draining fenny land, and declares, that there were scarcely any cachectical persons living in his day, but had their skins pierced in more places than a lamprey. For paralytic affections, from whatever cause originating, he recommends issues by cautery near the shoulder-blades, and seems to have been fully aware that such complaints occasionally proceeded from derangements of the spine, but evidently mistook luxation for caries. In another part of his work, he mentions more particularly the application of the cautery for diseases of the head. "For great effects," says he, "of the brain and its meninges, in infants and children, we cut an issue on the nape of the neck; to adult or aged persons, we apply a cautery on both sides the spine, betwixt the shoulder-blades, and there we often make two issues, capable of containing many peas, with great success."†

* The hint of hanging a carriage, partly upon jambles, was given to me in conversation, by John Ness, Esq. of this place. Some time afterwards I mentioned it to John Grimshaw, Esq. an ingenious mechanician, who thought, with me, that the hint was an excellent one, and who kindly assisted me in making the above brief outline.

† The London Practice of Physic; being the Practical Part of Physic contained in the Works of the famous Dr. Willis. With the allowance of the College of Physicians. London, printed for T. Basset, 1692, page 210.

The similarity of this treatment to that afterwards adopted by Mr. Pott, in palsy of the lower limbs from caries of the spine, is rather striking, though Mr. Pott appears to have been unacquainted with the writings of Willis, and derived the hint of his favourite treatment, partly from Hippocrates. The practice of making issues declined, in a great measure, with the humoral pathology; and their use is now chiefly limited to scrofulous affections of the bones and their investing ligaments and membranes, in which, however, they are at present much recommended; and though they seem to have power over diseases of the larger joints, when used at an early period, yet, I conceive, that it still remains matter of dispute, whether they have any direct influence in checking the morbid action, when caries primarily attacks the bodies of bones themselves; and as the true scrofulous caries of the spine, in the first instance, preys upon the internal parts of the vertebræ,* while the surrounding ligaments are but often very little affected,† it is doubtful whether we have not generalized too much, and attributed effects to their application, in spinal distempers, which were chiefly brought about by natural operations.

Morbid dissection shews, that white-swelling of the larger joints commences in their articular investments, and is generally attended by a certain state of inflammation;‡ which, perhaps, accounts for the good effects of topical blood-letting in cases of this kind. It appears, however, that in the first stages of caries of the spine, there is no such increase of vascularity, and that the disease at once proceeds by an absorption of bone:§ between these affections, therefore, probably some specific difference exists, greater than has been by some imagined. Be this as it may, I have, notwithstanding, witnessed beneficial results from local evacuations of blood by leeches or cupping, in the commencement and progress of caries of the spine, accompanied with violent pain, and conceive that this point deserves the consideration of future inquirers. In diseases of the hip and knee-joints, blisters, applied in rapid succession, have always seemed to me of more utility than issues by caustic; and I have had several opportunities of comparing their effects. An issue soon ceases materially to disturb the part wherein it is made; but repeated blisters keep up an almost perpetual counter-irritation, independently of the discharge which they occasion. Impartiality, however, forces me to confess, that my faith has been completely shaken, both with regard to the one and the other, as efficient agents in the cure of caries of the spine; though, as far as I have remarked, blisters, successively

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* A System of Operative Surgery, founded upon the basis of Anatomy. By Charles Bell. London, 1807. Vol. II. p. 126, 127.

† Pott, Vol. III. p. 452.

‡ A Treatise on the Morbid Affections of the Knee-joint. By James Russell, F. R. S. Edinburgh, printed for W. Laing, 1802, p. 32, 33.

§ Charles Bell, Vol. II. p. 126, 127.

cessively applied, are more powerful in alleviating the pain with which it is usually accompanied.

The great energies of nature, says an eminent author, are known to us only by their effects.* And though those effects daily take place beneath the eye of the physician, they are often attributed by him to the exterior and artificial agents which he employs. Hence, the improvement of medical science has been retarded, more or less, from the earliest ages, by recommendations of innumerable specifics; and though each successive age has given ample comments on the errors of the past, yet, even at the present enlightened period, we find, that opinions concerning some remedies are as confidently delivered to the world as before, apparently supported by testimony and fact. Some of these opinions, no doubt, are well-founded; but the greater part will, in their turn, pass away, or only appear to succeeding philosophers as the memorials of credulity. That too great credit has been given to caustic issues, in organic diseases of the spine, I strongly suspect; and I trust that I may be allowed, without the charge of presumption, to state my own experience and observations on the subject, which, if I mistake not, will throw some doubt upon the efficacy of this practice. During the last six years I have seen a very great number of sick poor. Several of those who applied to me for scrofulous complaints, I found had labored, at some former period, under affections of the spine, accompanied with palsy, for the most part of the lower limbs, from which they had slowly recovered, though, in all of them, incurvations of some of the vertebræ still remained, as marks of the previous disease. Now, Mr. Pott has satisfactorily proved, that, whenever the curvature takes place from within outward, accompanied with an useless state of the lower extremities, the bodies of the vertebræ, forming the projection, have always been carious, at some period or other; consequently, all the patients I have mentioned must have labored under this very affection of the vertebræ; yet by far the greater number of them got well without issues by caustics, setons, or any similar means, and the few who had been treated after the manner recommended by Pott, did not more speedily regain their health, nor, upon the whole, were they less deformed than those who had recovered by the efforts of nature alone. Amongst my medical friends of experience and intelligence, I find great difference of opinion upon this subject; some of them suppose that they have seen good effects from caustic issues; some doubt, and others entirely deny their efficacy. This discrepancy, at least, shows that the thing is not quite so certain as the writings of Mr. Pott are calculated to make one believe. Speaking from my own personal observation, during a term of nine years, I have never seen issues by caustic of decided unequivocal benefit; and some men, whose experience has been much longer, and on whose judg-

* Paley's Natural Theology, p. 447, the eighth edition. London, 1804.

ment I can confidently rely, have been led to form similar conclusions. Mr. Pott, however, states, in the most explicit terms, that the patients, whatever might be their age, whom he attended in the early part of the distemper, all got well; and conceives that the cure in all of them was effected by the discharge of the caustics, because, continues he, in many of them, no other means of any kind were used.* Now, without at all suspecting the accuracy of so justly-respected a character as Mr. Pott, I believe that few persons of great experience could be found in the United Kingdom, whose practice has been equally fortunate in this line. In many instances I have myself seen this complaint anticipated, as it were, by the surgeon; caustics were applied, but they did not impede its advancement. Though, as a general proposition, it may be justly said that the bones are slowly excited into disease, nevertheless striking exceptions occur in highly scrofulous habits, in whom caries makes rapid and irresistible derangements of structure. When we reflect, too, that the distemper in question is decidedly scrofulous, and often accompanied with other constitutional complaints of the same nature; that it very frequently attacks the bodies of the vertebræ, or their anterior parts, and thus affects some of the contiguous internal viscera† in its very commencement; we shall not be much disposed to wonder at its progress, and even its fatal termination, under any mode of treatment, however early adopted. These circumstances being considered, I cannot but suppose that the candid declaration of another late eminent surgeon is far more agreeable to general experience. "Whoever thinks that, in every case of incurvated spine from caries, he shall succeed by the most judicious application of the caustic, will find himself disappointed.‡" Besides, Mr. Pott, in the passage already quoted, entirely overlooks those efforts of nature, which, in many cases, complete the cure without the interference of art, and which are strikingly displayed in the most extensive affections, as the following extract will tend to illustrate, better than any thing I could advance of my own upon the subject: "In this case, there were ten diseased vertebræ, between all of which the invertebral substance was totally destroyed. Several of these were partially or completely united by anchylosis; others had suffered more considerably from the caries, great part of their substance seeming to have been absorbed, as no sensible exfoliation had taken place during the life of the patient. These bones are in some measure loose and detached from each other, yet, from their roughness, and the ragged appearance of points shooting out from some part of their surfaces, it is clear that the efforts of nature were strongly exerted towards forming the same union which had evidently taken place in others; and this would probably have been effected had it not been for circumstances which attended the management of the disease. The patient was a tender and emaciated infant, living in a

* Pott, vol. iii. p. 423, 424. † Ford, p. 245, 246.
‡ Ford, p. 245.

close

close and damp place, very unfavourable for a recovery from a strumous disease. He was frequently moved and taken up from the bed; yet, notwithstanding this treatment, he lived a considerable time, and at last died of the small-pox. When he was five years of age, he was admitted at the Westminster General Dispensary, in March 1789, for a carious incurvation of the spine. It was observed that the disease had not the usual angular incurvation, which appears when a few only of the vertebræ are affected, for the whole spine was bent in the form of a bow. Issues by caustics were made near the most projecting part of the spine, but they were of no use. An abscess formed, which burst during the month of June following, and continued discharging till November, when he died of the small-pox. The disease in his back did not seem to have had any influence in the fatal termination of the variolous infection. The appearance of this disease naturally gives rise to a few reflections on the treatment of the carious spine. It exhibits an unfortunate proof of the difficulty of curing this complaint by means of art, and, at the same time, affords the consolation of showing the great efforts which nature is capable of making towards the re-union of parts separated by disease.*"

The length of time that issues require to be kept open, renders their effects extremely doubtful, Mr. Pott himself declaring, that nothing is more uncertain than the time requisite for their effecting the cure in this disease: that he has seen it completed in two or three months, and known it require two years, two thirds of which time passed before there was any visible amendment.† Now, when so much time generally elapses before any material change occurs, must it not be difficult to determine with precision whether nature or art has contributed most to the cure? Had caustics been applied in the case of Cummings, it is not impossible but that I might have been greatly deceived, and ascribed powers to them which entirely belonged to nature. All the circumstances attending the cure, in cases of diseased vertebræ, must be marked with more care and discrimination than they have hitherto been by practical writers, before their conclusions respecting caustic issues can be fairly established.

If caustic issues be at all efficacious in this disease, surely it is only by indirectly assisting the natural curative process, whatever may be their mode of operation, whether it consists in exciting some degree of counter-irritation in the parts adjacent, or, as the judicious Ford supposes, in checking an external suppuration from the progress of the caries. They cannot, I conceive, directly control the morbid action itself; and it will be allowed, on all hands, that the great work of repairing the disorganized parts, must be performed by very different instruments.

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* Ford, page 241, 242, 243, 244. See also a most excellent plate at the end of the work, illustrative of the above case.

† Pott, vol. iii. p. 459.

Scrofula, cancer, syphilis, and scurvy, are the ordinary causes of rottenness of the bones in general; and though Van Swieten relates, in his Commentaries, that he has known the cervical vertebræ affected by lues, it is, I believe, a rare occurrence; caries of the spine almost invariably deriving its origin from scrofula alone, which, together with the structure and constitution of the parts affected, render the disease the more inaccessible to art. For syphilis and scurvy, remedies have been found out which reach and arrest them wherever situated; but for the removal of any species of scrofula or cancer, such is the imperfection of our art, no means of the kind have yet been discovered; and in both the one and the other, when they assume a tangible form, the practitioner is left either to the use of the knife or topical applications, not being able to trust to medicines administered through the medium of the system. Notwithstanding these last considerations, and the acknowledged utility of caustics in some affections of the larger joints, still the evidence of facts that have already come before me, will continue to make me doubt, that they have in reality any decided influence over caries of the spine, unless future observations on the subject should afford very opposite inferences. So strong is the conviction of their inefficiency upon my mind at present, that if a child of my own were attacked with the complaint, most assuredly they should not be applied. Occasional cupping, repeated blisters, repose in the horizontal position, aperients, and a milk diet, should form the main part of my practice in the commencement; and, if the distemper advanced under these measures, my hopes should finally rest upon those energies of nature, by which, perhaps, in every instance of the kind, the recovery is principally accomplished.—*Edin. Med. and Surg. Journal.*

Memoir on the Use of the Epiglottis in Deglutition; presented to the 1st Class of the National Institute March 22, 1813, by M. MAGENDIE, Professor of Anatomy and Physiology, &c.—The epiglottis, which is placed between the base of the tongue and the larynx, has hitherto been considered by anatomists as a kind of valve destined to close the glottis at the moment of swallowing, in order to prevent either solid or liquid aliments from passing into the trachea. No one doubted the fact, and this opinion consequently became general. M. Magendie was of this persuasion, but stimulated by a spirit of inquiry which ought to be possessed by every physiologist, he determined to prove the truth of the assertion by direct experiments, which had not hitherto been done.

With this view, he made an incision in the neck of a setter dog, between the thyroid cartilage and the os hyoides, drew out the epiglottis, and cut the whole of it away. When he had taken the proper precautions, the operation was very simple, and the animal appeared to suffer but little. The edges of the wound were brought together by a few stitches. In about an hour after the operation, some food was given to the dog, which he ate with avidity, as was his custom; and to his astonishment he swallowed it without any pain,

pain, and with the same facility that he did before the extirpation of the epiglottis. M. Magendie thought, however, that he would find some difficulty in swallowing liquids (as they are considered more difficult to pass than solid aliments), but the animal seemed to drink without any apparent inconvenience, except that a few drops of the liquid passed through the small wound in the neck.

To determine what prevented these substances from passing into the trachea after the removal of the epiglottis, a similar incision was made in the neck of another dog, and the epiglottis drawn out, so that by fixing it by the side of the wound, he could plainly see the glottis, and its alternate movements during respiration. He then poured into the mouth of the animal a small quantity of water, which was immediately swallowed, when M. Magendie observed the glottis to be shut in an instant by the ascension of the larynx. On repeating the experiment, he noticed that it closed exactly at the instant the animal swallowed. By passing the finger into the pharynx through the wound, he could produce a movement similar to that of deglutition, which being frequently repeated, he was convinced that the glottis closed completely at the moment of the deglutition either of solids or liquids.

Conceiving that the closing of the glottis was produced by the contraction of the muscles belonging to the larynx, M. Magendie thought, that by dividing the recurrent nerves which supply these muscles, and principally the muscles of the arytenoid cartilage, he should be enabled to prove his conjecture.

After having drawn out the epiglottis of a dog as in the preceding experiment, so as to distinguish the movements of the glottis, he cut the two recurrent nerves; on producing deglutition, he found the glottis continued to shut, but, he thought, not with the same degree of exactness or rapidity.

Deeming it necessary to ascertain if the dog would swallow with difficulty without the epiglottis after the division of the nerves, he removed it totally, and closed the wound by a suture. He forgot to look at the animal for some days, at the end of which time he is certain the dog ate and drank with the utmost facility.

It appearing, from these experiments, that the closing of the glottis was produced from the influence of the superior laryngeal nerves, he determined to divide these also, to discover their particular use.

This experiment was performed on a large dog, and he saw distinctly that the constriction of the glottis was not complete. The edges closed perfectly at the anterior part, but posteriorly there was a sensible interval; the two arytenoid cartilages did not approach each other so exactly as when the laryngeal nerves were not cut. To complete the experiment, he extirpated the epiglottis, and suffered the wound to heal. When the cicatrix was complete, he was permitted to eat, and M. Magendie observed that he swallowed with considerable facility, although there was sometimes a little difficulty experienced, as was indicated by a slight cough.

In another dog he divided both the recurrent and laryngeal nerves,

nerves, and found the movements of the glottis ceased: the animal in vain attempted to swallow, the glottis remained open. He then removed the epiglottis, and suffered the wound to cicatrize. Every draught of liquid produced a fit of coughing, and solids passed with great difficulty.

In another animal he divided the four laryngeal nerves only, and the utmost difficulty was experienced in swallowing; every movement of deglutition brought on a most violent fit of coughing.

He repeated these experiments on different animals,—cats, rabbits, guinea-pigs, and always with the same results. He has also examined the glottis of birds during deglutition, which acts in the same manner; and explains the absence of the epiglottis in them.

The conclusion to be drawn from these experiments is, that the epiglottis does not appear to be indispensable to prevent the food falling into the trachea during deglutition, as this is effected by the glottis instantly closing with the utmost exactness; and that the glottis performs this function chiefly through the influence of the superior laryngeal nerves.

This circumstance having led M. Magendie to doubt the statement that the laryngeal and recurrent nerves were equally distributed to the muscles of the larynx, induced him to dissect the larynx of numerous men and animals, and he found it incorrect. The recurrent nerves he found supplied only the musculi crico-aryténoidei posteriores, crico-aryténoidei latérales, et thyro-aryténoidei. That the laryngeal nerve gave a very large ramification to the musculus arytenoideus, and the remainder was like a thread which passed between the thyroid cartilage and the thyro-arytenoid muscle, between the cartilage and the lateral crico-arytenoid muscle, and lost itself in the crico-thyroid muscle.

Sometimes this last branch, instead of descending at the back part of the thyroid cartilage, passed freely through a canal in the thick part of this cartilage, before it distributed itself to the crico-thyroid muscle. This deviation was more frequent in dogs than men.

The remaining branches of the laryngeal nerves supplied principally the muscles of the epiglottis and the mucous membrane which lined the entrance of the glottis; numerous filaments pass very near the superior edge of the musculus thyro-arytenoideus, but not one was ever observed by M. Magendie to enter the muscle.

This distribution of the nerves about the larynx corresponded with the observation of the results of his experiments previously related, and pointed out in what manner the almost complete constriction of the glottis was effected, even after the division of the recurrent nerves; as the arytenoid and crico-thyroid muscles which are concerned chiefly in the closing of the glottis, from not receiving any ramifications of these nerves, cannot be prevented from contracting by their division; and explained why the glottis remained immoveably open when the laryngeal nerves were cut.

From these facts M. Magendie has drawn the following conclusions:

1. That the epiglottis is not indispensable to deglutition.

2. That

2. That during deglutition, at the moment of the ascent of the larynx, the margins of the glottis and arytenoid cartilages approximate, and the entrance of the larynx is so completely closed as to prevent any escape into it of whatever is passing into the œsophagus.

3. That the recurrent nerve, when it has reached the larynx, gives off branches only to the posterior and the lateral crico-arytenoid, and to the thyro-arytenoid muscles, whilst the laryngeal nerve sends twigs to no other muscles (of this part) than the arytenoid and crico-thyroid. Another consequence of the attentive dissection of parts about the larynx has been to confirm M. Magendie in the belief, that the crico-thyroid muscle serves to raise its cartilage at the instant of deglutition, by which the superior edge of this cartilage is carried under the inferior edge of the thyroid cartilage.

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

An Essay on Medical Economy, comprising a Sketch of the State of the Profession in England, and the Outlines of a Plan calculated to give to the Medical Body in general an increase of Usefulness and Respectability. 8vo. pp. 160. Underwood, 1814.

IT has fallen to our lot, of late years, to hear much of medical reform. The public, indeed, and with great reason, seem well contented with the skill, the talent, the integrity, and the general conduct of the various practitioners whom they patronize. The profession is divided and subdivided, until there is a distinct practitioner for every organ; one attends to the eye, another to the ear, a third to cleaning and making teeth, a fourth to extracting them; we have one practitioner for the liver, another for the heart, the lungs, the bladder, the urethra; in short, the division of labour in the medical art has become so minute, that the physician who undertakes to cure all complaints, is left with very few patients. The apothecaries abuse the druggist; surgeons the physician; the latter complains of quackery; but in reality is circumscribed in every direction.—The natural consequence of all this, is the generation of discontent and jealousy; plans of reform necessarily originate amongst those who have leisure to devise them, and who at the same time feel the necessity of something being done to improve their own condition. Now, in our opinion, this state of things by no means proves the want of a reform, or that the medical profession is degraded, or that its members are less compe-

tent to perform their duties than were their ancestors, although some of them will never be surpassed in fame, honour, or worth. The difficulty lies within a small compass, and the evil must eventually cease by a natural and obvious consequence. To use the language of political economy, the market is overstocked, and those dealers who keep up the price of their commodities will find fewer purchasers, or those who cannot afford to wait, must quit the ground. An act of legislature may entitle men to practise, but it cannot effect what is alone accomplished by nature and art, by the operation of education upon a finely organized frame; neither can it oblige patients to resort to any particular class of practitioners. This brings us immediately to the subject of the present volume, which is dedicated to Sir James Mackintosh, M. P.—We know nothing of the author, who has chosen to conceal his name; but whoever he be, he is a man of talent, research, and observation; thinks for himself, and writes in a deliberate masterly style, much above the common class of medical writers. Were it not, then, that we have often seen the well-known adage exemplified, *Nihil tam absurde dici potest, quod non dicatur ab aliquo philosophorum*, we should be somewhat surprised that a writer thus gifted, should have planned a scheme so Utopian, so impracticable, so contrary to the principles of political economy, as that which we are about to communicate. It has indeed been well observed of philosophy, that it has *tant de visages et de variété, et a tant dit, que tous nos songes et reveries s'y trouvent.*

The author commences with an attempt to prove that medicine has not advanced in an equal degree with other arts, and reduces the causes of this imperfection to two. The first he very properly attributes to the complicated nature of the art itself; medicine, he observes, being founded on a knowledge of the laws which regulate the phenomena of organized or living bodies, while all the other arts of life spring from an acquaintance with the laws of the phenomena observed in inanimate matter.

"Now the phenomena exhibited by living bodies are not only more intricate than any other, but before a rational attempt can be made to investigate them, all that is known concerning dead matter must be rendered familiar to the mind. To connect causes and effects in medical inquiries, or to obtain logical conclusions, with regard either to the operation of remedies or the origin of disease, is hence a more arduous task than almost any other to which the mental powers can be applied; its accomplishment demands at once the widest range of acquired knowledge, the utmost patience and nicety in observation, and the most profound sagacity in deduction."

In this view of the case we fully concur, and think it quite satisfactory; but we cannot admit the second cause to be just or true; the author contends that it is owing to want of abi-

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lity in the professors of the art, that it suffers; and that men of talents have not sufficient inducement to continue in the profession. Bad as the profession is in point of emolument, we utterly deny any destitution of ability on the part of practitioners; and so high is the encouragement for their exertions, that we find a very moderate share of talent will enable a man to rise to enviable distinction. This the author would attribute to the arts of address; we agree with him, that these too are very essential; but we also may observe that real talent will make itself conspicuous without the aid of varnish, though we cannot perceive why a man of science should deem it necessary or essential, to assume the manner and appearance of a clown, in a sick chamber, where decision and firmness of character should always blend with delicacy and refinement.

We have said thus much at setting out, because we conceive that having admitted the first cause to be valid, but at the same time irremediable in the present state of things; and shewn that the second is not founded on truth, the necessity for a reform, on the author's principles, does not exist; consequently his plan, even if feasible, is useless. Before submitting it to our notice, he takes a view of the medical establishment as regulated by law and its defects. Amongst these we were particularly amused with a complaint of "the high standard price put by physicians on their labour;" the author is quite indignant that a guinea should be claimed for every visit or prescription; yet a little before, he lamented that men of talents had no encouragement to continue in the profession. His second objection is equally frivolous, "the equality of rank among the members of the medical body, and the consequent equality of their standard fees." The author writes too well for us to suppose for a moment, that he sincerely thinks that the day on which a fellow or licentiate is admitted at the College he becomes equal in rank to his seniors, or that his fame and reputation are established with the public by passing an examination. The amount of his fees will presently convince him that his rank is merely nominal; and if by ability, address, or good fortune, he succeeds in acquiring practice at an early period, which is sometimes the case, it obviates another silly observation of the author, that "equality of rank is also objectionable, as it checks that ardour of pursuit and thirst of distinction which characterizes the juvenile mind." On the contrary there is every excitement to ardour, every encouragement to honourable and liberal exertion. The field is open to all, and the nominal rank merely entitles candidates to press forward with every fair endeavour for public approbation.

The third objection, which the author thinks is of less mo-

ment than those just mentioned, is "the restriction of the honours of the College, together with the management of the affairs of the profession, to graduates of Oxford and Cambridge." This we have ever considered a great evil, and an unjust monopoly, favouring the two English Universities at the expense of all others; encouraging those intended for physicians to become graduates of Oxford and Cambridge, where they cannot obtain an adequate knowledge of their profession, and excluding graduates of the first medical schools in Europe. To obviate the inconveniences consequent upon this system, and to prevent the universal outcry which would go forth against this grievous abuse, the College, it is well-known, have permitted a certain class of physicians, or *alieni homines*, as they have been quaintly termed by a learned *fellow*, upon payment of a sum of money, to practise their profession in London and its vicinity! So humble have the licentiates become, that they now endure their hard condition without even uttering a murmur of discontent. The time has arrived when the privileges of physicians are trampled on by all descriptions of practitioners, and the licentiates have the additional disgrace of not being allowed to defend themselves, for they have no voice or influence whatever in the community of physic, although some of them have sustained as high a degree of reputation and fame as can be acquired in the practice of medicine. We think the author might have expatiated upon this subject, and exposed its evil tendency with more force than he has employed; certainly it merits deep attention at this juncture.

Without further delay we shall transcribe the author's sketch of his grand plan.

"1st. The practice of the healing art to be confined altogether to physicians, or at least to men who have been found on trial to possess all that general and minute information now expected in candidates for the medical degree; besides including what is considered to be wanted in the surgeon only.

"2d. The members of the medical body to be divided into orders, according to seniority, with an appropriate fee for each, and every one to practise a specified time in each of the inferior departments successively, before he can be eligible for admission into the highest.

"It will perhaps be sufficient for every useful purpose to institute three orders, and for their fees we may put down half-a-crown, a dollar, and a guinea. The first may be denominated junior, the second median, and the third senior doctors, or physicians.*

"* We introduce these terms, and put down specific sums, for the sake of giving form to the subsequent part of the inquiry, without meaning to insist on the adoption of either the one or the other. The principle of dividing the body into parts, with a division of fee proportioned to the ability of the different classes of the people, is all we contend for. It is, however, essential for the guidance of the public, that

"3d. The juniors and medians to practise in all the departments of the profession, or to take the place of the general-practitioners of the present establishment, and the seniors as physicians do now; or devoting themselves to particular departments, they might act chiefly in these as consulting physicians, surgeons, accoucheurs, &c.

"4th. After devoting the specified time, say five years, to one order, the higher may be assumed at the option of the candidates; but it must be acquired by a fresh course of trial, and not simply by length of service.

"5th. The business of the profession to be managed by a supreme college, of which every practitioner must be a member, and auxiliary associations or committees, to superintend more particularly the interests of the different branches of science connected with the art.

"6th. The admission into the college to be by a course of rigid experimental examinations, and graduates of all universities to be equally eligible to become candidates.

"7th. Physicians of the senior order to be allowed to retain a certain number of the junior, as assistants or protegées, to whom they may entrust the more laborious and least valuable part of their work, while they give in return the assistance which may be expected from an overseer or counsellor.

"8th. The business of pharmacy to be left entirely in the hands of chemists and druggists; and no compounded preparation to be sold without a prescription, having the name of the prescriber written upon it at full length. The pharmaceutist to act, of course, under a licence, and the qualifications of his shopmen to be ascertained by examinations, &c

"9th. The sum to be paid for every prescription to be marked on the receipt by the physician; and for this purpose, the prices to be adjusted periodically between a committee of physicians and pharmaceutists.

"10th. Lists of the different orders of physicians and of the pharmaceutists to be printed for general distribution every year, and a copy of the first to be hung up in every dispensary or drug shop."

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that each division of practitioners should possess a distinct and significant appellation, in addition to the generic term. For the choice of such our language is singularly unhappy; even the genericterm *doctor* is objectionable, as it is common to all the learned professions, and consequently does not indicate to which the possessor belongs. The other, *physician*, is no less faulty in its derivation, (from φυσικὴ, natural philosophy), and to the ear it is not very pleasing as a familiar appellative. Were it desirable to introduce a new term, and in a case like the present, in which the aim should be perfection, a slight innovation might be warranted, the Latin *medicus* would probably be first suggested. It is, however, unsuitable, as we could only naturalize it in the singular number. From this objection the Italian word *medico-medicoes* is free; and if once familiarized to our ears, would sound, there is little doubt, as well as the title of doctor. I should have adopted this term in the text, but that I am more anxious about the establishment of principles than words, and unwilling to disturb the prejudices of those who plume themselves on verbal honours."

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A considerable portion of the volume is occupied in illustrating and supporting this outline: we have only time and space to offer a few general remarks upon the subject.

The leading feature of the plan is to convert apothecaries into physicians, to divide these into three classes, and to reconcile the public to the change, by reducing the fees to half-a-crown and a dollar, for the first and second, for a limited series of years, and giving a guinea only to the third. If the author supposes that by degrading the class of physicians, which must inevitably be the case if his plan should operate, the profession would be improved, he has the experience of all ages against him. Is it nothing to reduce to one level every class of talent, connections, and industry? Is it nothing to fetter every generous youth upon starting in life with a sweeping regulation that would bring all his acquirements to one common standard? Is it possible for a moment to imagine that a man of family, fortune, and education, will ever submit to the severe and mortifying probation to which this quixotic plan would compel him? Certainly not.—In the present condition of things, the three grades, of physicians, surgeons, and apothecaries, are adequate to every good purpose. The candidate for success in either department knows the difficulties in each; but he is not cramped by any drawback that would benumb his exertions, and render useless the finest talent, address, industry, and merit. The man who does not care to risk these higher qualifications, has still the option of commencing life in the third rank, where he is morally certain, if properly qualified, of getting more emolument, than would be the case if he were a physician, *even with two-and-six-penny fees.*

Official Papers relating to Operations performed by order of the Directors of the Royal Hospital for Seamen at Greenwich, on several of the Pensioners belonging thereto, for the purpose of ascertaining the general Efficacy of the New Modes of Treatment practised by Mr. ADAMS, *for the Cure of the Various Species of Cataract, and the Egyptian Ophthalmia.* Published by Order of the Directors.

As much speculation has been excited by Mr. Adams's operations for Cataract in Greenwich Hospital, and his treatment of the Egyptian Ophthalmia, we have great pleasure in transcribing the following extracts from the Official Papers just published.

"In the autumn of 1812, the directors of Greenwich Hospital were informed that great improvements had been recently made by Mr. Adams, late Oculist to the West of England Eye Infirmary at Exeter, in the modes of operating on the different kinds of cataract; and

and as the practice of extraction heretofore performed on the pensioners had not been attended with the desired success, he was requested to examine the blind pensioners, and accordingly reported, that, 'with the surgeon of the hospital, he had selected twenty cases for operation, consisting of cataracts, closed pupils, and the Egyptian Ophthalmia; and as on the two former diseases he had recently published some important discoveries, and also successfully adopted a novel mode of practice in the worst stages of Ophthalmia, he entertained a confident expectation that the superior efficacy of his operations over those usually practised would enable him, in some of the most formidable diseases of the eye, to afford relief to many of the pensioners, whose cases had been considered incurable; but he utterly disclaimed all expectation of remuneration for his professional services on this occasion.'

"The pensioners being desirous to be placed under the care of Mr. Adams, the medical officers of the hospital were directed to attend the operations, to afford every assistance, and to report to the directors the progress and result. A house was accordingly taken in Air-street, Piccadilly, for the accommodation of the pensioners, and the convenience of the oculist; but being found, in many respects, unsuitable, another was afterwards hired in Lisle-street, Leicester-square, every way adapted to the comfort of the patients.

"It appearing, by the reports of the medical officers of the hospital, that the operations performed on the blind pensioners by Mr. Adams, had been attended with great success, the directors were desirous of viewing the men, and for that purpose convened a special meeting, at which the pensioners, as well those who had been under the care of former oculists, as the patients of Mr. Adams, were examined and individually interrogated; and as the effect of the operations performed by the latter, as stated in the reports of the physician, surgeon, and apothecary, was found to be accurately detailed, the directors have considered it to be their duty to give publicity to the official reports and proceedings on a subject so interesting to humanity.

"OFFICIAL PAPERS, &c.

"(COPY.) "*May 25th*, 1813.

"Sir,—Conceiving that it will be gratifying to the governor and directors of the Royal Hospital to hear that the new practice for the cure of cataract, and the formation of artificial pupil, proceeds most favourably on the pensioners placed under the care of Mr. Adams, I have great pleasure in acquainting you, for their information, that the first set of patients sent to London, requiring thirteen eyes to be operated on, are all cured, with the exception of one man, David Hoar, a person of notoriously perverse character, who was attacked with fever, and sent back to the hospital for the cure thereof; but even in this case there is every prospect of success, from a repetition of the operation. Eleven other patients who were sent to re-place those already cured, have all been operated on, and with the prospect of complete success (excepting two that had been previously couched by another oculist), five being already capable of seeing, and the others proceeding as favourably as could be expected.

"The superior success of Mr. Adams's new modes of practice,

when compared with the operation performed on the pensioners for the last fifteen years, is very striking. On examining the latter it appears, that out of *twenty-four eyes*, operated upon, several had been destroyed; in other instances the pupils had become obliterated, and *one only* had been benefited, and even in that the success is incomplete.

"Among the men already cured, some of the cases are so remarkable as to merit particular notice.

"Edward Turner had, during six months that he was a patient of the London Eye Infirmary, undergone *thirteen* operations; nevertheless, he obtained but very little benefit in one eye, and none in the other; Mr. Adams has cured both by *one operation on each*.

"Hartgill had been blind for near twenty years, and was considered by every oculist of eminence in London to labour under gutta serena. Mr. Adams has successfully operated on him, and he is now capable of reading the *smallest print*.

"Bray, aged seventy-nine years, is cured of cataract in both eyes, and was capable, in the space of a fortnight, of seeing the *minutest objects*.

"Douglas, aged thirty-two, with closed pupils, after having been above five years a patient of the oculist before referred to, without experiencing the least benefit, has had an artificial pupil formed, by which he is enabled to see the most minute objects with distinctness; his other eye has been since operated on, and promises to be equally successful.

John Dyer, Esq. Surgeon. B. M'LAUGHLIN, *Secretary.*

Royal Infirmary, Dec. 27, 1813.

"Sir,—We enclose herewith, for the information of the directors, separate reports of the results of the *new* and *old* operations for the cure of cataract which have been practised upon the pensioners of the Royal Hospital, the great disparity in which cannot fail to make a strong impression on the minds of the honourable members of the board.

"In order to bring them equally acquainted with the extent of the failures in extracting the cataract, as formerly practised, as well as with the great success of Mr. Adams's improved modes of curing that disease, we have given a detailed description of the result of each, with the present state of the eyes which have been submitted to the trial of the two systems.

"The proportion of eyes totally destroyed by the operation of extraction amounts to one-half the number operated upon; to this the success of Mr. Adams, more particularly in the cases which had been considered incurable, as well as those previously operated upon without benefit, forms a very striking contrast, as it will be seen that his operations have failed but in one instance.

"To enable the board fully to appreciate this success, we think it proper to point out, that even in the men whose vision is not at all, or but partially, benefited (with the exception of Ford), the operations were as perfectly executed as on those whose sight is completely restored. To the disease of the optic nerve, therefore, and not to the failure of the operation (as was the case where extraction had been formerly

formerly performed), is to be attributed the want of that perfectly successful issue which is so conspicuously displayed in the '*unexceptionable cases.*'

"This diseased state of the optic nerve in those patients was originally apprehended by Mr. Adams; and when, at their urgent solicitations, he was prevailed upon to perform the necessary operations, he stipulated, that, should the event confirm his unfavourable opinions, we should attest the circumstances under which they were undertaken.

"It is, however, very important to have ascertained, by actual experiment, as Mr. Adams has done on several of the pensioners, that the optic nerve, although so much diseased as to have deterred a former practitioner from operating, yet, by the removal of the cataracts, and subjecting the eyes to a particular plan of discipline, their functions have been sufficiently recovered to afford useful, and sometimes almost perfect, vision. An instance of the latter is shewn in the case of Hartgill, blind for nearly twenty years, as supposed, by all the highest authorities in London, from gutta serena, for which disease he had been treated. Bray's and Wilkins's perfect restoration to sight are little less extraordinary, from the great age of the former, and the latter having had an artificial pupil formed after a complete obliteration of that aperture, by an unsuccessful operation of extracting the cataract, performed seven years since.

"These, together with the other cases included in the two last divisions of the Report No. 2, prove that a very large proportion of persons unhappily afflicted with blindness, and hitherto considered incurable, are now susceptible of relief from the new and improved operations, and the after-management of the eyes, practised by Mr. Adams.

"In addition to the gratifying contents of the second Report, we think it our duty to state, for the information of the board, that Mr. Adams has discovered a mode of curing the Egyptian Ophthalmia, which has been successfully practised upon several of the pensioners, some of whom had been blind for three or four years, and given up as incurable by the most eminent oculists then in London. The communication that this destructive and hitherto intractable disease admits of cure we conceive will be gladly received by the board, and the promulgation by Mr. Adams of this important discovery be considered as a great *national desideratum.*

"By the adoption of his practice we are of opinion, from what we have seen of its effects, that a very large proportion of the seamen and soldiers, who have been discharged the service, blind of the Ophthalmia, might be again rendered fit for duty, or be made useful members of society.

"We cannot conclude this letter without stating, in justice to Mr. Adams, that he has freely demonstrated his practice; and that he has, in the most liberal and unreserved manner, given us every information that we required relating to the treatment of diseases of the eyes. We are, Sir, your very humble servants, R. Robertson, *Physician.*

"B. M'Laughlin, *Surgeon.*

"M. S. Kent, *Apothecary.*

"*John Dyer, Esq.*

"RESULT of the OPERATION of EXTRACTION which had been performed on Pensioners blind of Cataract now in the Hospital, previous to the employment of Mr. ADAMS.

REPORT 1.	Eyes destroyed	12
	Obliterated Pupils	4
	Gutta Serena and secondary Cataract	3
	Opaque Cornea, and other diseased changes of the Eye	4
	Successful	1
	Total number of Eyes upon which the operation of Extraction had been performed	24

RESULT of the NEW OPERATIONS performed on the Pensioners by Mr ADAMS.

CASES considered unexceptionable.

REPORT 2.	Age.	Description of Disease.	Number of Eyes operated upon.	Result of the Operations.	State of Vision.
John Bray	80	Cataract	2	Perfect	Perfect, being able to see as well as ever with Cataract Spectacles.
Richard Collins	63	Do.	2	Do.	Perfect, do. do.
Robert Kinsley	70	Do.	2	Do.	Sight returning, when he died from Carbuncle.
Robert Handcock	47	Do.	1	Do.	Perfect, and gone on Out-Pension.
*Jonathan Stratton	75	Do.	1	Do.	Perfect.
Edward Hilback	40	Do.	1	Do.	Do.
Guy Overton	79	Cataract, with obliterated Pupil	1	Cataract cured, and an Artificial Pupil formed	Do.
Silas Darby	66	Cataract	1	Perfect	Do.
William Russell	50	Cataract complicated, with obliterated Pupil, and a defect of the Optic Nerve	1	Cataract cured, and an Artificial Pupil formed	Vision nearly, but not quite perfect, owing to the diseased state of the Optic Nerve.
William Roberts	48	Cataract	1	Cataract cured, partial opacity of the Cornea remaining	Vision not perfect, but sufficient for the common purpose of life.
Thomas Ford	74	Do.	1	Unsuccessful, but no deformity produced	

Analysis.

CASES considered incurable by former Oculists.

John Douglas	36	Cataracts with obliterated Pupils	2	Cataracts cured, and Artificial Pupils formed	Perfect.
Frederick Hartgill	48	Cataracts complicated, with Gutta Serena	2	Perfect.....	Was enabled to read small print with great fluency, till attacked with violent inflammation of the eyes from cold. Is now convalescent.
Thomas Dailey ..	46	Cataract and obliterated Pupil, with Gutta-Serena	1	Cataract cured, and an Artificial Pupil formed.....	Vision useful, and can see small objects.
William Austin ..	31	Do. Do. Do.	1	Ditto	Vision useful, and able to see objects at a considerable distance.
David Hall	52	Cataract and obliterated Pupil.....	1	Convalescent when discharged from the Infirmary for incorrigible drunkenness.....	
William Thompson	49	Do. Do.	1	Cataract cured, but Pupil requires further enlargement	Vision useful and improving, when he died of consumption.
†Otter Grindall ..	40	Cataract and Gutta Serena	1	Perfect.....	Vision useful, and continues to improve.
Thomas Whiteman	28	Cataracts (adherent) with a defect of the Optic Nerve	2	Do.	Vision very good, but not perfect.

CASES which had been operated upon unsuccessfully by former Oculists.

Edward Turner ..	46	One cataract adherent, the other detached & floating. Had previously undergone *thirteen* operations ..	2	Perfect.....	Perfect.
John Broadway ..	51	Cataracts membranous (or secondary,) and Gutta Serena ..	2	Do.	Not improved, Optic Nerve being totally insensible.
John Maddin	52	Do. do. with obliterated Pupil	1	Membranous Cataract removed, and an Artificial Pupil formed	Do.
John Wilkins	52	Cataract secondary, with obliterated Pupil, from the failure of Extraction seven years since ..	1	The secondary Cataract removed, and an Artificial Pupil formed	Perfect, being able to see the minutest objects.
		Total number of Eyes upon which the new Operations have been performed	31		

RECAPITULATION.

Successful	29
Unsuccessful	1
Discharged for irregularity ..	1
Total ..	31

* Jonathan Stratton was attacked, three months after he was cured, with repeated violent inflammations of the Eye, which assumed an intermittent form, and has nearly destroyed the Vision.

† Otter Grindall is since dead of Apoplexy.

R. ROBERTSON, *Phys.* B. M'LAUGHLIN, *Surg.* M. S. KENT, *Apoth.*

"26, *Albemarle-street, Jan.* 9, 1814.

"My Lords and Gentlemen,—The favorable termination of the trial which you directed to be made, in order to ascertain the comparative success of my new modes of operating for the cure of cataract, with that of the operation of extraction, as it is generally performed, will, I hope, be thought to justify my addressing you on the circumstances of it.

"Although fully aware of the dangers attending the operation of extraction, as usually performed, and apprized, as I was, that the pensioners could no longer be prevailed upon to submit to that mode of operating, from its ill success for the last fifteen or twenty years, I did not conceive, till I perused the reports of the surgeon of the hospital, that the proportion of failures was so great.

"From the statements which have been made of the success of the practice of extraction, the public have been taught to believe that it possessed all the excellence of which any operation for the cure of cataract was susceptible. It became, therefore, highly necessary that such an experiment as the present should be instituted; and that, under the immediate superintendance of *impartial* and *disinterested* persons, whose testimony could not be doubted.

"It is then with no common satisfaction that I now request your attention to the comparative results of the differents operations (the *new* and *old*), as specified in the official reports of the physician, surgeon, and apothecary, to your institution; which, with the personal examination you intend this day to make of the two sets of patients, must necessarily establish, beyond all doubt, the decided superiority of my modes of operating, over that which had been previously practised on the pensioners.

"And here I beg leave to repeat the observation I made at my first interview with your honourable board, that it is the *operation*, and not the *operator*, which I deprecate. Were he to adopt my operations, or were I to follow his, the results of the two modes of practice would probably be nearly the same as they are now found to be; nor shall I hesitate to add my firm belief, that superior manual dexterity is not to be found in this kingdom, than is possessed by the operator whose efforts have proved so unavailing, in the many instances submitted to your consideration. It is, I conceive, the want of a personal experience of the superior efficacy of my practice, which prevents his adopting it with the same promptitude, as another oculist of long-established celebrity has done, since he saw me operate; who, before that period, was distinguished by his practice, as well as writings, as one of the warmest advocates of the operation of extraction.

"It may be proper to inform your honourable board that I have not confined myself to any individual operation in the treatment of the pensioners blind of cataract intrusted to my care. My instruments and modes of operating have varied as the nature of the case required. Where the consistence of the cataract has admitted of an immediate and complete division, I have placed the separated portions in a situation which ensured their absorption in five or six weeks. In these cases, the general success of the operation exceeds all credibility with those who have been in the habit of witnessing the results of other modes

modes of practice. Of upwards of *eighty persons* born blind of cataracts, upon whom I have performed this operation, I have not lost an eye. In three instances alone, in which I was prevented from repeating the operation, it did not produce the anticipated benefit; and I should consider myself unfortunate were I at any time to be less successful in an equal number of persons who became blind from cataracts after birth, provided they admitted of being treated in the manner already described, and the health of the patients was in a state favourable for the operation. Hence arises a very important question: To what period of life does this particular practice apply? To which I have a ready answer: That I have *never failed* in being enabled to effect this necessary division in persons under *forty years* of age; very rarely in those between *forty* and *fifty*, and have frequently succeeded in persons in the most advanced periods of life.

"Where the cataract is too hard and solid to admit of this immediate division, I do not attempt, as was my former practice, to effect its absorption by a frequent repetition of the operation; but I at once extract it. This, however, is accomplished by a process *totally different* from that I have felt it a duty to deprecate; a process which I must claim to be novel, and which happily attains the highly important desiderata which had been hitherto considered *unattainable*, while it obviates the many causes of failure which rendered the usual mode of extraction so generally unsuccessful. From the principle upon which it is founded, and the favourable results of its termination during the last two years that I have extensively practised it, I feel myself warranted in asserting that it possesses the utmost degree of excellence which it is *possible* for extraction to arrive at, and that its general success will prove nearly as great as the operation for the removal of the soft cataract. To deter other persons from claiming it as their invention, or anticipating me in its communication to the public (as was the case with my instruments and operation for the cure of the *soft cataract*, and my successful revival of an obsolete operation for *artificial pupil*), I have requested Mr. M'Laughlin to record on the hospital books, the different stages of this operation, as he has seen me perform it on several of the pensioners.

"In many cases an artificial pupil has been made, as well as the cure effected of the cataract, with which the disease of obliterated pupil was complicated. Again, where the pupil, though not obliterated, was much contracted from adherent cataract, a different operation was practised. In other instances I have removed secondary or membranous cataracts, which had come on after the usual mode of extraction had been to all appearance perfectly accomplished.

"I have also in my treatment of the pensioners ascertained a fact of very great practical importance, which will in a great degree explain the general bad success of the operation of extraction, as it is usually performed; namely, that the vitreous humour was in a state of dissolution nearly in one half of the eyes on which I operated. This is a diseased change which can rarely be perceived before the performance of the operation, and which authors agree must occasion a total destruction of the eye, whensoever the cataract is extracted in the usual manner. In these cases I performed an operation of a different kind from any of the former.

"The

"The happy result which has attended such a combination of practice, (by which peculiar and appropriate instruments and modes of operation have been adapted to each variety of the disease) proves that those who pursue one beaten track, in all cases, must necessarily fail in a very large proportion of them; and still further accounts for the bad success formerly attending the operation of extraction on the pensioners.

"I trust that it will not be considered as irrelevant to the subject of the present communication to inform you, that there are different modes of effecting the cure of cataract by the *absorbent practice*. My friend and preceptor, the late Mr. Saunders, pursued a system different from that which I have so warmly supported in this letter. The operation which he preferred had been performed *thirteen times* during six months on one of the pensioners (Edward Turner) without a removal of the disease. On one of my private patients the same operation had been performed *seventeen* times prior to my having been consulted, *ten* times on one eye, and *seven* on the other, in the course of as many months, and with no better success. In both instances I perfected the cure by a single operation on each eye; so that, if these patients had originally been treated according to my mode of practice, *one*, or, at most, two operations, would have effected the complete removal of the cataracts in the space of five or six weeks. This difference in the two modes of operating, it is of great importance to myself distinctly to specify, otherwise, from its being generally known that I was the sole confidential pupil and assistant of the late Mr. Saunders in his operations for cataract, among those who are now pursuing the profession of an oculist, it might be considered by many, who have not seen my work on Diseases of the Eye, that I still, as in the commencement of my practice, follow his modes of operation, whereas I have long since found it necessary wholly to abandon them.

"I must now, my lords and gentlemen, beg leave to apologize for occupying so much of your time and attention; but I trust that you will attribute the length of my present communication to an anxious desire to give you some explanation of the nature of those operations, by which I have been enabled so successfully to fulfil your wishes in the treatment of the pensioners.

"While I offer my most grateful acknowledgments for the politeness and condescension with which, collectively and individually, you have been pleased to receive my communications, and to acquiesce in those arrangements which I presumed to recommend for the better trial of the important experiment just decided,—permit me also to express my warmest obligations to the medical officers of your institution, for their liberal and zealous co-operation. In an especial manner it becomes me to mention the humane and able assistance afforded by Mr. M'Laughlin, to which may be attributed much of the successful issue of my experiments.

"I have the honor to remain,

"With the highest respect,

"My Lords and Gentlemen,

To the

Hon. the Directors of Greenwich Hospital.

"Your most obedient humble Servant,

"WILLIAM ADAMS."

"*At*

"*At a Meeting of the Directors of Greenwich Hospital, at that Place, on Monday, the 10th of January, 1814,*

PRESENT,

CAPTAIN BROWELL, *Lieutenant-Governor,*

LORD AUCKLAND,	Mr. YENN,
Reverend Mr. COOKE,	Dr. ROBERTSON,

"The Board resumed the consideration of the letter of the 27th of last month, from the physician, surgeon, and apothecary, and of the report which accompanied it, detailing the effect of the operations performed by Mr. Adams on several of the pensioners afflicted with cataracts, and other diseases of the eyes; and the physician being at the Board, Mr. Adams, and also the apothecary and surgeon's two assistants (the surgeon being absent by indisposition), were called in; and the Board, with a view of ascertaining the comparative success of the different modes of practice, in cases of cataract and closed pupil, proceeded to examine the pensioners on whom operations had been performed by other oculists of undoubted character and eminence in their practice. It appeared that many of these pensioners had irrecoverably lost their sight, the eye being in several instances entirely sunk; and that, except in one instance, they had not experienced the desired relief.

"The pensioners who had been under the care of Mr. Adams were next examined and interrogated, and their respective cases were compared with the report enclosed in the above-mentioned letter from the physician, surgeon, and apothecary; and the Board were much gratified by so many instances of the great success which had attended the operations of Mr. Adams. The effect of those operations appeared to be accurately detailed in the report in question.

"Mr. Adams then laid before the Board a letter of this date, stating at considerable length his modes of practice; and he also personally explained the nature and effects of the several operations performed by him for cataract, and in forming an artificial pupil. In the result the Board expressed to Mr. Adams their entire satisfaction, and requested he would select such other of the blind pensioners belonging to the Hospital whose cases may be treated with any prospect of success; and that he would perform such operations on them as in his judgment may be calculated to afford relief; and then, together with the medical officers, he withdrew.

"It being evidently desirable that publicity should be given to the success which has attended Mr. Adams's operations in restoring to sight so many pensioners of the Hospital:—

"Ordered,

"That the letter and the report above-mentioned from the medical officers of the Hospital, together with Mr. Adams's letter of this date, the surgeon's two letters of the 26th of May and 28th of August last, and the proceedings of the Board relative to this subject, be forthwith printed and published."

A Practical

A Practical Treatise on Cataract. By JOHN STEVENSON, Oculist and Aurist to her Royal Highness the Princess Charlotte of Wales, Member of the Royal College of Surgeons, &c. The second Edition, with considerable additions; 8vo. pp. 224. Longman and Co. 1814.

As we so lately noticed the first edition of this work, we have little to remark upon the present occasion. The author has entered more into detail, and introduced some new pathological observations, and added several cases which his increased experience has enabled him to supply.

The following remarks in the preface apologize for his not inserting colored plates, which much increase the price of a book, and though they may gratify curiosity, certainly cannot form an operator.

"It was my intention, (he observes) as it has been the custom of late, to annex some colored plates. Both the artist and the practitioner must, however, be aware of the difficulty, not to say the impossibility, of successfully illustrating, in this way, the diseases of the eye. Every engraving, as it appeared well finished and interesting, or, to use the language of the artist, in proportion as it preserved the effect, I found to deviate from a just representation of the object.

"The parts of the eye are so intricate, the optical illusions so great, that professors, even in teaching the theory of vision, are obliged to use models of detached parts of the organ; and with the assistance of such demonstrations, and their own verbal explanations, find it impracticable to make themselves understood, without the closest application on the part of the student.

"The structure of the eye, in its natural state, should be perfectly familiar to every one who wishes to study, with effect, its complicated disorders. With such a knowledge, any morbid condition, if accurately detailed, will be readily understood: without it, all description and delineation must be equally incomprehensible.

"The same disease, in different persons, and in the same individual, at different times, varies so much in its appearance, as to baffle every effort to

'Catch ere she change the Cynthia of this minute.'

"To convey a correct idea of the successive changes which occasionally occur, even in the same case, would require an indefinite number of plates, since a single representation could communicate only a conception of one specific feature of the complaint.

"Equally difficult must it be to trace the progress of an instrument by an art, which exhibits only the act of an instant."

If the first edition of this treatise afforded a satisfactory proof of the author's attention to the subject of cataract, the present performance has yet stronger claims to superiority.

MEDICAL

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

ROYAL SOCIETY.—On Thursday the 3d of February, a paper by Sir Humphry Davy was read, entitled *Some further Experiments on Fluorine, and on some other Objects of chemical Investigation.* This paper consisted of three distinct subjects, treated of in succession. 1. Several further experiments were related, made in order to obtain fluorine in a separate state, but they were all unsuccessful. Fluorine has such a tendency to enter into combinations, that no vessels can be procured upon which it does not act. Sir H. Davy considers it as a compound of hydrogen and an unknown supporter of combustion, which he calls *fluorine.* This fluorine has the property of combining with the base of silica and with boron, and it forms an acid with each. The fluates are compounds of fluorine and the metals which constitute the bases of the salifiable bodies. A number of experiments to determine the proportions of the constituents of these bodies were detailed. Fluor spar, when heated with sulphuric acid, increases in weight from 100 to 175·4; but it was requisite to repeat the process eight times to obtain the full effect. If we suppose fluor spar to be a compound of fluoric acid and lime, this result gives us its composition as follows:—

Lime	73·661
Fluoric acid	26·339
	100·000

But if its constituents are fluorine and calcium, then its composition is—

Calcium	53·313
Fluorine	46·687
	100·000

According to this statement, an atom of fluorine will weigh 2·294 (supposing an atom of calcium to weigh 2·62).

2. The second part of the paper was on *silica.* A number of unsuccessful attempts to obtain the base of this earth in a separate state were related. They were made by passing potassium through red-hot silica. Potash was obtained mixed with a brown matter, which was converted into silica by the action of water. It would appear that silica contains nearly half its weight of oxygen; and Sir H. Davy conceives it to contain 2 atoms of oxygen to 1 of the base. This would make the weight of an atom of *silicon* (as we may denominate that base) to be 2, nearly or almost the same with that of sulphur.

Sir H. Davy conceives that *silicon* is not a metal, but analogous to *boron* in its nature. These bodies possess intermediate properties between charcoal and sulphur.

3. The third part of the paper was on *chlorine*. A number of unsuccessful attempts to decompose this substance, and obtain oxygen from it, were stated. Sulphuret of lead was fused in it; but not the least trace of sulphate of lead could be obtained. Various experiments of a similar kind were tried, with an equally unsuccessful result. The author noticed the scepticism still entertained by many persons respecting the nature of chlorine, and the arguments brought forward in order to show that it might contain oxygen. Every candid person, he observed, who had seen the combination of dry muriatic acid gas and ammoniacal gas, must be convinced that no more water existed in the compound formed than had previously existed in the gases. If water were really formed, it would indicate rather the decomposition of azote, than the existence of water as a constituent of muriatic acid. The objections of Berzelius from the doctrine of definite proportions are merely apparent, as the one doctrine can be reconciled to these proportions just as easily as the other. The author concluded his paper with some excellent observations on the mode of reasoning in chemistry. Lavoisier had the glory of first introducing sound logic into the science. Chemists may doubt whether there be such a thing as real elements, but they are not at liberty to doubt whether a substance has been decomposed or not, when all attempts to decompound it have failed. Oxygen has been considered as the acidifying principle; but hydrogen forms at least as many acids as oxygen, and it forms several into which oxygen does not enter at all. All cases of combustion were ascribed to the presence and agency of oxygen; but we now know that it takes place whenever bodies combine with energy; and fluorine, chlorine, and iodine, are entitled to the name of supporters, as well as oxygen. He suggests the possibility that the diamond may be a compound of charcoal and some very light unknown supporter.

At the same meeting, a paper, by ANTHONY CARLISLE, Esq. *on Monstrosity in the Human Species*, was read. The author detailed a number of examples of monstrosity, hereditary in particular families, and propagated from one generation to another. All monstrosity he conceives to take place only in cases where the artificial civilization of mankind has interfered. Thus varieties of dogs, pigeons, &c. are easily propagated.

On Thursday the 10th of February, a paper, by A. B. BRODIE, Esq. on *the Influence of the Nerves on the Secretions of the Stomach*, was read. The experiments consisted in cutting the gastric nerves of dogs, and giving them doses of arsenic sufficient to produce death in a few hours. This poison, in common cases, occasions a great secretion of mucus in the stomach and intestines; but in these experiments nothing was found in the stomach after death. Hence the non-secretion of mucus seems owing to the section of the nerves.

At the same meeting a paper was read, by CHARLES KŒNIG, Esq. on the *Human Skeleton from Guadaloupe*, lately deposited in the British

fish Museum. Mr. Kœnig introduced his paper by an historical sketch of all the facts that have been ascertained respecting fossil bones. Kamper, Blumenbach, and, above all, Cuvier, are the naturalists that have most distinguished themselves in these researches; but hitherto no human fossil bones had been discovered. Hence it was concluded, either that man was of subsequent creation to those animals, the fossil bones of which have been found, or that if human fossil bones exist, they are covered by the existing ocean, and thus for ever concealed from our sight. The fossil human bones found at Guadaloupe appear to constitute an exception to this general rule. They were discovered by the French governor of Guadaloupe; and the specimen at present in the British Museum was dug up by him at a considerable expence, and was intended for the museum at Paris. The capture of the island by Great Britain enabled Sir Alexander Cochrane to send it to the British Museum.

It was found near the sea shore in a calcareous rock of the hardest texture, being considerably superior in that respect to statuary marble. The rock is partly granular, and partly compact. The granular part is a mixture of grey and flesh-red particles. The red particles Mr. Kœnig considers as the millepora miliacea in fragments; it contains also a few shells. In short, it seems to consist chiefly of a congeries of fragments of coralines connected together firmly without any apparent cement.

The bones of the skeleton are not petrified, but retain the usual constituents of fresh bone; and when first exposed to the air were rather soft. The skull and vertebræ of the neck are wanting. The seven true ribs, and three of the false ribs of the left side remain; but on the right side these bones are destroyed, though the sternal part of the true ribs adhere to those on the left side. The sternum is not visible, being probably sunk into the stone. The dorsal vertebræ are all visible, though not perfectly well defined. The fore-arm and finger bones of one hand remain, and one clavicle. The pelvis is pretty entire, and so are the thigh bones. The legs are so twisted in that the fibula is sunk in the stone.

As to the age of this skeleton, there are no data to form a correct estimate, though in all probability it is not very recent. The appearance of the stone shows decidedly that it does not owe its origin to any calcareous deposition similar to calcareous tuff; but that its formation is analogous to that of common sandstone. It contains traces of phosphate of lime, which seem to demonstrate its animal origin.

On Thursday the 17th of February, a paper, by JOHN DAVY, Esq. *on Animal Heat*, was read. The author made a set of experiments in order to determine the specific heat of arterial and venous blood. He employed chiefly the blood of lambs. Two methods of experimenting were followed. 1. The relative times of cooling of equal bulks of arterial and venous blood were determined. The specific gravity of the venous blood was 1·050; that of the arterial 1·047. This method gave the specific heat of arterial blood about 0·93; and that of venous blood 0·92. 2. These two kinds of blood were mixed with

water, and the change of temperature marked. The results differed somewhat in different experiments. Arterial blood, by this mode of experimenting, came out of the specific heat 0·95, venous blood 0·94 nearly. It appears to me that these experiments of Mr. Davy are liable to two objections, which must prevent us from putting full confidence in the results which he obtained. 1. It is probable that a chemical action takes place between blood and water; therefore the specific heat of blood cannot be accurately determined by mixing it with water. Suppose we were to mix alcohol and water: the temperature of the mixture would not enable us to determine the specific heat of alcohol. Neither, I am persuaded, would such a mixture enable us to determine the specific heat of blood. 2. Mr. Davy, in his experiments, often drew the venous blood of the animal on one day, and the arterial on another. Now experiments of this kind never lead to accurate results. Whenever you begin to tamper with an animal, you throw it into an unnatural state, and then it is impossible to calculate what sudden changes may be produced on its blood. Mr. Davy made a set of experiments to determine the temperature of arterial and venous blood in animals. The arterial blood was always hottest. In the sheep it was 104° or 105°, while the venous was 103° or 104°. In the ox it was 101°, while the venous was 100°. These results Mr. Davy considers as favourable to Dr. Black's theory of animal heat, and likewise to the notion that the heat depends upon the nervous energy.

Linnæan Society.—On Tuesday, the 1st of February, a communication from Mr. Reynolds Johnson was read, giving an account of two fossil alcyonia found near Lyme. They were in flint, and in a very perfect state of preservation, and enabled Mr. Johnson to make several additions to our knowledge of the structure of this animal.

At the same meeting a paper was read, by Mr. Roscoe, on the class monandria. It consisted chiefly of strictures on Dr. Roxburgh's essay on that class, in the eleventh volume of the Asiatic Researches.

On Tuesday, February 15, the conclusion of Mr. Roscoe's paper, entitled *Remarks on Dr. Roxburgh's Description of the Monandrous Plants of India*, published in the first volume of the Asiatic Researches, was read. Mr. Roscoe contends for the sufficiency of the generic characters derived from modifications of the anther-bearing filament of Seitamineæ, as proposed by him in his essay on this subject, published in the eighth volume of the Linnæan Transactions; and denies that Dr. Roxburgh's primary characters, taken from differences in the inner limb of the corolla, are of universal importance in this tribe of plants. He then proceeds to remark on certain species described by Dr. Roxburgh, whose *phrynium dichotomum* he regards as probably not specifically different from *marauta arundinacea*. His *phrynium virgatum* he is inclined to refer to *thalia geniculata*. Both Dr. Smith and Dr. Roxburgh have referred *amomum repens* of Sonnerat (the plant producing the lesser cardamoms of the shops) to the

the genus alpinia. Mr. Roscoe, however, is induced to agree with Dr. Maton, who, in his observations on Mr. White's paper on cardamoms, published in the tenth volume of the Society's Transactions, has proposed to establish this plant as a new genus, under the name of *elettaria*; and on the authority of the published figures, Mr. Roscoe considers it as differing from alpinia, not only in habit, but in the structure and appendages of its anther-bearing filament.

With regard to Dr. Roxburgh's *globba radicalis*, he adopts the opinion of Dr. Sims, who, in the Botanical Magazine, No. 1428, has established this as a distinct genus, under the name of mantisca saltatoria. Mr. Roscoe considers this genus as differing from globba no less in the structure of its filament than in its inflorescence.

Society for preventing Accidents in Coal Mines.—A numerous meeting was held at Bishop Wearmouth on the 1st day of October, 1813, Sir Ralph Milbanke, Bart. in the Chair, when it was resolved,—That this meeting, impressed with the frequent and dreadful accidents which have occurred by explosions of inflammable gas, and from other causes, in coal mines, particularly by those which have lately happened in the counties of Durham and Northumberland, notwithstanding the precautionary measures which have been adopted, do form itself into a society, for the purpose of obtaining communications from scientific and practical men as to what modes may be devised for the prevention of such accidents. And a provisional committee was formed for the purpose of forwarding the views of the society.

At one of the late meetings of the Westminster Medical Society, a fact was related, which shows the necessity of the practitioner being well acquainted with the relative affinities of different medicinal substances with each other. A mixture of Minderus's spirit with magnesia was ordered to be given to a patient, but on being administered it produced so alarming a sense of suffocation, that its use could not be continued. The mixture was examined, and found to taste and smell strongly of ammonia. It was now discovered, though never before suspected by the prescriber, that the magnesia possessed a greater affinity for the acetous acid than the ammonia did, and the latter salt was necessarily evolved on the mixture of the two substances.

As this fact is in contradiction to the received tables of affinities published by Dr. Pearson, and as the mistake might be attended with fatal effects in the cases of children, it was important to give this notice of it. It appears, however, on repeating the experiment, that the same effect is not produced by the *carbonate of magnesia*, which we believe is more generally employed in medicine than the other.

Amongst the projected institutions of these improving times, we observe a plan for establishing an asylum for lunatics, in or near the metropolis. We hope there is no *cant* about the proposed *humanity* which

which is to form a leading principle in the treatment of the patients. If there is really a want of another large receptacle for the forlorn subjects of this disease, every good man will support its establishment; but let not our two great hospitals, and the numerous *private houses*, be insulted by any insinuation that inhumanity or needless harshness is exercised against the unfortunate and helpless inmates of those highly-useful institutions. We know that it is never resorted to in St. Luke's and in Bethlem Hospitals, in which the patients are as comfortable and as happy as the nature of their disease will admit; and with the great competition which now exists among *private houses*, it cannot be supposed that the proprietors, some of whom are medical men of known respectability, would act so directly against their own interests, as to ill-treat the patients committed to their charge.

Another institution we hear is proposed for diseases of the lungs. With great deference for the illustrious and high names that are said to countenance this undertaking, we beg leave to deprecate the measure, as tending to circumscribe practice, and ultimately injure the community. For every guinea subscribed to this charity some other will suffer. Half the dispensaries now existing are supported with difficulty; their means of benefiting the afflicted poor are crippled by a want of funds; and in the face of this, we have a proposal for establishing, at considerable expence, an institution for curing the diseases of one organ only, whereas, in the dispensaries now established, but not adequately maintained, every disease is treated, and no pauper is refused. If it be urged that the man who attends to diseases of the lungs only, will be the most successful in curing them, we deny the assertion. This very minute division of labour so prevalent in our days, tends to narrow the range of intellect, and in the medical profession already approximates to quackery. If a surgeon, for instance, who considered himself an expert cutter of corns and fistulæ, obtained full practice in that useful department of surgery, he very soon would be unfit for any thing else.

New Medical Books published at the Leipzig Michaelmas Fair, in 1813.

Albrecht, Dr. C. F. sichere Mittel geyen dus Zahnweh. 8vo.

Aemilius Macer et Apuleius A. de Virtutibus Herbarum Recensuit, Dr. G. Seebode. 8vo. Gotting.

Auszuge aus dem Briefwechsel der Gesellschaft correspondirenden Pharmaceuten. Jahrgang, 1813. 8vo.

Beer's Geschichte der Augenkunde uberhaupt und der Augenheilkunde insbesondere. 1s. Heft. gr. 8vo.

——— das Auge, oder Versuch das edelste Geschenk der Schöpfung vor den höchst verderblichlen Einflüssen unseres Zeitalters zu sichern. Mit. Kupf. gr. 8vo.

Beiträge zur Chemie und Physik, in Verbindung mit J. G. Bernhardi, J. Berzelius, &c. Herausgegeben von Dr. J. S. C. Schweiger. 8r. und 9r. Band. gr. 8vo.

Bischoff's Hülfsbüchlein zur Verhütung Vösartigen Fieber. 8vo.

Boer's Versuch einer Darstellung des Kindlichen Organismus. 8vo.

Doctor,

Doctor, der aufrichtige medicinische. 8vo.

Hufeland's guter Rath an Mütter, über die wichtigsten Punkte der körperlichen Erziehung. 8vo.

——— Geschichte der Gesundheit Eine Skizze. 8vo.

——— und E. Horn's Versuche über die Wirksamkeit des Bernardschen Mittels gegen die Lustseuche. 8vo.

——— und Himly's Journal der Praktischen Heilkunde. Jahrg. 1812.

——— Bibliothek der praktischen Heilkunde. Jahrg, 1812.

Kopp's Dr. J. H., Jahrbuch den Staatsarzneikunde. 6r. Jahrgang. 8vo.

Michälis, C. F. Abhandlung üben den Steinschnitt u. Verhaltung des Urin's. Mit. Kupf. gr. 4to.

Neuburg's klinische Bemerkungen über einige chronische Krankheiten. 8vo.

Ofterdinger, Dr. G. L. über das Podagra und seine Heilung, nebst Bekauntmachung einer neuen Methode die podagrischen Aufälle zu behaudeln. 8vo.

Octzmann de Fistula Ani. 4to. mag. ann tabula ænea colorata.

Pharmacopœa Borussica. Ed. III. emendata. 8vo. mag.

Pharmacopœa extemporanea Auctore, Dr. F. L. Augustin. Ed. secunda. 8vo.

Ploucquet Litteratura Medica digesta, sive Repertorium Medicinæ practicæ, Chirurgiæ atque rei Obstetricæ. Contamatio et Supplementum Primum.

Reil und Auteurieth's Archie für die Physiologie. 11tes bds. 3tes. Stück. 8vo.

Rheinek's medicinische und chirurgusche Beobachtungen über die einfache Methode des Seiten-Blasen-Steinschnitts. 8vo.

Richter, A. G. die Specielle Therapie, nach den hinterlassenen Papieren des Verstorbenen. Herausg. von Dr. G. A. Richter. 1r. bd. Die Acuten Krankheiten. 8vo.

——— Medicinische und Chirurgische Bemerkungen, aus einem hinterlassenen Manuscripte herausg. 2r. bd. 8vo.

Siebold Chiron, eine der theor. prakt. u. historischen Bearbeitung der Chirurgie gewidmete Zeitschrift. 3 ten. bds. 2 tes Stück. 8vo.

Spangenberg, Disquisitio inaug. anat. circa partes genitales fœmineas Avium c. tab. V. æn. 4to.

Stein's Annalen der Geburtshülfe. 4 ter. Janog. 8vo.

Teuffel's Magazin für theoretische und praktische Thierheilkunde. 1 ter. bd.

Trawnitschek über die Natur und Heilung des Nasencatarrhs. 8vo.

Tromensdorff's Journal der Pharmacie. 22n. bds. 2 tes. Stück.

Wurzeri D. F. Analysis Chemica Calculi renalis equini. 4to.

——— Narratio de Analysi Urinæ insolitæ. 4to.

Zeitung Medicinisch-chirurgische, Fortgesetzt von Dr. J. N. Ehsart. Jahrg. 1813.

Preparing for Publication.

Auteurieth's, J. H. F. Von, Handbuch der empirischen menschlichen Physiologie. 3 bde Zweite Aufl. 8vo.

Macquer's

Macquer's Chymisches Wüterbuchneu bearbeitet von Dr. Sigism. Friedr. Hermbstädt. 4ten. bd. 8vo.

Sammlung, neue, auserleseuen Wahrnchmungen aus dem Gebiete der praktischen Medizin u. Chirurgie. 1 ster. Theil. gr. 8vo.

Woerterbuch, medicinisches, oder Realencyclopædie der Arzneikunst in Alphabetischer Ordnung. 8vo.

An Oration has been instituted, by the liberality of Dr. BAILLIE and Sir EVERARD HOME, Bart. (who have each contributed 500*l.*) in commemoration of the late John Hunter. This oration is to be delivered *in perpetuo* on the anniversary of the natal day of that celebrated surgeon, (Feb. 14), at the Royal College of Surgeons.

The first oration was delivered on Monday the 14th instant, before a most crouded auditory; among whom were Earl Spencer, the President of the Royal Society, Sir Archibald Macdonald, Right Hon. George Rose, Sir Francis Milman, Dr. Baillie, Sir Henry Halford, and many other distinguished members of the sister College, public teachers, &c. Sir Everard Home, Master of the College of Surgeons, was the orator.

Sir E. commenced by detailing the objects for which the oration was instituted. He conceived himself highly honored that it should have devolved on him, while master, to deliver the first oration, an office in which the two governors, Sir William Blizard and Mr. Cline, were so eminently qualified to have preceded, but which they both had joined in conferring on him. He proceeded to notice the just distinction that had been made between medicine and surgery; and professed his conviction of the propriety of such distinction being preserved, as the only true means that would advance each to that degree of perfection of which it was capable. He then entered on a review of the merits of those surgeons who had rendered their names most celebrated since the erection of the corporation.

To Wiseman we were chiefly indebted as the first who, by his works, gave a degree of importance to surgery which before it never possessed, and thus made the first step to raise it from an art and mystery, which it was before considered, to the rank of a science. Before his time, surgeons were mechanics. By his talents, and his conduct, he elevated the character of the surgeon, and emancipated him from the wheels of the physician's chariot, to which he was before enchained.

Cheselden's genius and superior attainments, which early in life acquired him fame and the highest honors of his profession, were forcibly commented on. To him we were obliged for an admirable System of Anatomy, which the author lived to see pass through six editions; and for a valuable work on Osteology. He became renowned above all his contemporaries by a new and more successful method of operating for the stone; while his penetration admirably elucidated the physiology of vision, by his philosophical observations on the well-known case of the youth on whom he successfully operated for congenital cataract. Cheselden's Theory of Vision the orator illustrated, by remarks deduced from his own experience.

Sir Cæsar Hawkins he mentioned, not from any work that he had left of the results of his practice, but because he was the inventor of the cutting gorget for the operation of the stone, an instrument that had been universally approved and adopted, as diminishing the danger of the operation, and which, except in very young or lean subjects, could not be so well performed by any other yet discovered.

Of the abilities, observations, and improvements, introduced into the art of surgery by Pott, whose labours were continued through half of the last century, ample notice was taken. His works on Hernia, on Injuries of the Head, and on Fractures of the Limbs, were proofs of his talents and his industry. His reasoning on Fistula in Ano—his adoption of a simple operation for one most painful and often hazardous, by the mere division of the rectum, and his invention of the curved bistory for performing it, evinced the soundness of his judgment, the fertility of his resources, and his expertness as an operator.

Contemporary with Pott, though thirty years junior in practice, was John Hunter, who became a student of St. Bartholomew's Hospital in 1748. In a few years he removed to St. George's, where he pursued his studies with all that ardour and assiduity that, even in his later years, so strongly marked a perfect devotion to his profession. During this period he assisted his brother, Dr. William Hunter, and contributed, by his ingenuity and indefatigable labours, to form that Museum which was left by the doctor to the University of Glasgow. About 1760 he received an appointment as staff surgeon in the army. In 1763 he was elected surgeon to St. George's Hospital; and in 1766 first commenced his surgical lectures.

His acuteness, his perseverance, his physiological experiments, his unbounded desire for research, which, not contented with the study of the human body, impelled him to extend his inquiries by comparative anatomy to the brute creation, were cursorily noticed.

The orator then gave a succinct account of the discoveries of Mr. Hunter; neatly eulogising his character, talents, acquirements, and habits; and justly holding up his example as highly worthy of imitation by the junior part of his auditory. "He was employed from the rising to the setting of the sun, and frequently continued the greater part of the night in his favourite studies; and in making those invaluable anatomical preparations that formed the museum which, by the munificence of the legislature, now adorns this College."

Sir E. apologised for confining himself to this brief sketch of a man of whom so much might be said; but he was aware that others would succeed him in that chair, by whom that which he had omitted would be well supplied. It was not his intention, he said, to draw comparisons. At this epoch there existed so many members of that College, eminent for their abilities as anatomists and surgeons, and for their devotion to science, that an attempt to assign pre-eminence where so many excelled were vain. He congratulated himself that it was his good fortune to live in times when the art of surgery had advanced its claims to the highest consideration, and its professors to be classed among the sons of science. Yet, just as those claims

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(To be continued regularly.)

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Castorum American	2	10	0	2	15	0	lb.
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Gum Ammo. Drop	30	0	0	0	0	0	—
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Snake Root	0	0	0	0	0	0	lb.
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Cardamomi Semina opt. lb.	12	0
Cascarillæ Cortex	6	6
Castoreum ..... nuc.	4	4
Catechu Extractum	2	3
Cetaceum	3	0
Cera alba	3	6
——— flava	3	0
Cinchonæ cordifoliæ Cortex (yellow)	8	0
——— lancifoliæ Cortex (quilled)	13	0
——— oblongifoliæ Cortex (red)	16	0
Cinnamomi Cortex	16	0
Coccus (Coccinella) .... unc.	4	0
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——— Humuli	0	6
——— Hyoscyami .. unc.	1	0
——— Jalapæ 1s. 6*d* Res.	2	8
——— Opii.....	3	6
——— Papaveris.....	0	6
——— Rhæi	2	4
——— Sarsaparillæ.....	0	10
——— Taraxaci.....	0	6
Ferri carbonas ..... lb.	0	9
—— sulphas.....	1	0
Ferrum ammoniatum	3	6
——— tartarizatum.....	4	0
Galbani Gum-resin.	7	6
Gentianæ Radix	1	0
Guaiaci Resina.....	6	0
Hydrargyrus purificatus	5	6
Hydrargyri Oxymurias.....	8	0
——— Submurias	8	6
——— Nitrico-Oxydum..	8	6
——— Oxydum Cinereum	16	0
——— Oxydum rubrum..	5	0
Hydrargyrus præcipitatus albus	8	0
Hydrargyri Sulphuretum rubrum	8	0
Hellebori nigri Radix .... lb.	2	6
Ipecacuanhæ Radix	22	0
——— Pulvis	23	0
Jalapæ Radix.....	6	0
——— Pulvis	6	6
Kino	12	0
Liquor Plumbi Acetatis M. lb.	1	0
—— Ammoniæ .....P.L.	2	8
Linimentum Camphoræ comp.	5	6
Lichen Islandicus..... lb.	1	9
Lyttæ	13	6

Magnesia

	s.	d.
Magnesia	8	6
——— Carbonas	2	6
——— Sulphas	1	4
Manna optima	8	6
——— communis		
Moschus pod, 24s. in gr. unc.	40	0
Mastiche lb.	5	6
Myristicæ Nuclei	25	0
Myrrha elect.	6	6
Olibanum	3	0
Opoponax	23	0
Opium (Turkey)	34	0
—— (East India)		
Oleum Amygdalæ lb.	5	4
—— Anisi unc.	2	6
—— Anthemidis	5	0
—— Cinnamomi Cassiæ	8	0
—— Caryophilli	4	6
—— Cajuputi	8	0
—— Carui	1	3
—— Juniperi	0	9
—— Lavandulæ	4	0
—— Lini cong.	8	6
—— Menthæ piperitæ ung.	4	6
——— viridis	3	0
—— Olivæ cong.	35	0
——— secundum		
—— Pimentæ unc.	4	6
—— Ricini optim. (per bottle)	10	0
—— Rosmarini unc.	0	9
—— Succini 2s. 4d. rect.		
—— Sulphuratum M. lb.	1	6
—— Terebinthinæ	2	0
——— rectificatum		
Papaveris Capsulæ (per 100)	2	4
Plumbi Carbonas lb.	0	8
——— Superacetas	2	0
——— Oxydum semi-vitreum	0	6
Potassæ Fusa unc.	0	6
——— cum Calce		
Potassæ Nitras lb.	1	0
——— Acetas	8	0
——— Carbonas	1	0
——— Supercarbonas	4	0
——— Sulphas	1	0
——— Sulphuretum unc.	0	2
——— Supersulphas	0	4
——— Tartras lb.	3	0
——— Supertartras	2	0
Pilulæ Hydrargyri unc.	0	6
Pulvis Antimonialis	0	6
Resina Flava lb.	0	5

	s.	d.
Rhæi Radix (Russia)	30	0
——— (East India)	12	0
Rosæ Folia	10	6
Sapo (Spanish)	2	6
Sarsaparilla Radix	5	6
Scammoneæ Gum-Resina unc.	2	3
Scillæ Radix siccat lb.	4	6
Senegæ Radix		
Sennæ Folia	6	0
Serpentariæ Radix		
Simarubæ Cortex	4	0
Sodæ Boras	3	9
—— Sulphas	0	6
—— Carbonas	7	0
—— Subcarbonas	1	4
——— exsiccata	2	8
Soda tartarizata	2	4
Spongia usta	20	0
Spiritus Ammoniæ M. lb.	4	0
——— aromaticus	4	6
——— fœtidus	3	6
——— succinatus	4	6
——— Cinnamomi	3	6
——— Lavandulæ	4	6
——— Myristicæ	3	0
——— Pimentæ	3	0
——— Rosmarini	4	0
——— Ætheris Aromaticus	6	0
——— Compositus	6	0
——— Nitrici sp. gr. 860	5	6
——— Sulphurici	6	0
——— Vin rectificatus cong.	28	0
Syrupus Papaveris lb.	2	0
Sulphur		
——— Sublimatum	0	6
——— Lotum	1	0
——— Præcipitatum	1	0
Tamarindus opt.	2	6
Terebinthina Vulgaris	0	9
——— Canadensis		
——— Chia		
Tragacantha Gummi	10	0
Valerianæ Radix	1	8
Veratri Radix	1	6
Unguentum Hydrargyri fortius	5	0
——— Nitratis	3	3
——— Nitrico-oxy.	2	9
Uvæ Ursi Folia	2	4
Zinci Oxydum	4	6
—— Sulphas purif.	2	0
Zingiberis Radix opt.	2	4

English Leeches 14s. per dozen.

Foreign Leeches, in general as good as the English, 36s. to 40s. per hundred.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 36s.—1 oz. 30s.—½ oz. 24s.

METEO-

METEOROLOGICAL REGISTER.

From February 25th, to March 25th, 1814.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Temperature. Max.	Min.	
	26	SE	30·05	29·95	30	23	Fair
	27	SW	30.08	30·—	30	26	Fair
◑	28	SW	29·83	29·30	40	35	Fair
	1	W	29·05	28·86	52	33	Rain
	2	W	28·90	28·79	39	29	Rain
	3	NE	29·10	28·90	40	30	Rain
	4	NE	29·40	29·18	36	28	Snow
	5	E	29·80	29·52	37	28	Snow
	6	SE	29·81	29·70	36	29	Snow
○	7	SE	29·79	29·65	33	23	Snow
	8	E	29·79	29·70	36	25	Snow
	9	E by S	29·64	29·56	33	28	Snow & Sleet
	10	SE	29·52	29·47	33	29	Snow
	11	E	29·60	29·45	34	27	Snow
	12	NE	29·77	29·69	35	28	Cloudy
	13	NE	30·—	29·78	29	26	Cloudy
◐	14	E	30·26	30·18	35	24	Cloudy
	15	E	30·38	30·30	34	26	Cloudy
	16	NE	30·36	30·31	35	27	Cloudy
	17	NE	30·30	30·25	30	26	Cloudy
	18	NE	30·21	30·01	33	27	Cloudy
	19	E	29·96	29·82	35	29	Cloudy
	20	E	29 80	29·61	49	28	Fair
●	21	SE	29·65	29,62	49	26	Rain
	22	S	29·69	29·66	48	36	Fair
	23	S by W	29·79	29·76	51	36	Fair
	24	W	29·72	29·64	50	42	Wet
	25	W	29·65	29 64	50	42	Cloudy

RESULTS,

Mean barometrical pressure 29·71	Mean temperature 33·7 deg.
Maximum 30·38 inc. the wind at E	Maximum 52, the wind at W
Minimum 28·90 —— W	Minimum 23, —— SE.

Scale exhibiting the prevailing Winds during the Month.

N	NE	E	SE	S	SW	W	NW
0	7	7	6	1	3	4	0

From the 26th ult. to the 4th inst. mean temperature 34·3
4th inst. —— 11th inst. —— 30·9
11th inst. —— 18th inst. —— 29·9
18th inst. —— 25th inst. —— 40·2

March 26th.—From the 20th inst. we may date the termination of a frost, of which, considering both duration and intensity, we have but few instances in this country. That of 1794 was more severe at intervals, but was not uniformly so: its duration was less by many weeks. That of 1789, when the Thames was passable to foot-passengers at Wapping, was of more uniform severity, but lasted only six weeks.

The

The mean temperature of each week of the past month, exhibits a gradual increase of temperature towards the close of the frost (taking the winds of the respective periods into the consideration.)

It is not unworthy of notice, that what must be considered the breaking up of the frost, took place on the day of the vernal equinox, and not many hours preceding the change of the moon.

On the 20th, about noon, the thermometer rose from 35 to 49 within two hours; and it was not a little extraordinary at this time, (the thermometer at 49 in the shade) and with a bright unclouded sun smiling over them, to witness at least one hundred persons skaiting on the middle of the Serpentine river, and seeming entirely unconscious either of the rapid changes going on around them, or of their own consequent danger.

The privations incident to a continued frost have greatly subsided with this felicitous change of weather; the labours of agriculture re-commence; the invalid crawls forth, hailing the dawn of spring, as his deliverance; and every man seems to expect its return with a quicker sense of its beauties and advantages.

With the next month, the results of a rain and evaporation gauge, and of an insulated electrical conductor, will be added to the present register.

Whilst the frost and cold weather continued, the diseases which prevailed were very similar to those of the preceding month. In some cases, catarrh has been accompanied with soreness of throat, and more fever than usual. Hooping-cough is frequent; measles rather rare. In Westminster, very little fever has been observed; but numbers of people of all ages and conditions have perished, in whom the state of the weather appeared to have considerably influenced the fatal termination of the complaint, especially when it was an affection of the pulmonary organs. Bronchitis asthenica has carried off a great many middle-aged and elderly persons. In this complaint, bleeding is often very injurious.

MONTHLY CATALOGUE OF MEDICAL BOOKS.

AIKIN'S (A. and C.) Account of the most important Discoveries and Improvements in Chemistry and Mineralogy to the present time, being an Appendix to their Dictionary of Chemistry and Mineralogy, with plates, 4to. 18s.

Clarke's (C. M.) Observations on those Diseases of Females which are attended by Discharges, illustrated by copper-plates of the Diseases, &c. Part 1, Mucous Discharges. Royal 8vo. 1l. 1s.

Singer's Elements of Electricity and Electro-Chemistry, with plates, 8vo. 16s.

Smith's Treatise on Glanders, being chiefly a plain Narrative of Facts, elucidating the Cause, Preventives, and Cure of that destructive Malady. 8vo. 7s. 6d.

Ware's Remarks on the Ophthalmy, Psorophthalmy, and Purulent Eyes, of New-born Children. Fifth edition, with many additions. To which is now added, an Appendix on the Purulent Ophthalmy, which has lately been epidemical in this country. Second edition. 8vo. 10s. 6d.

The Medical Guide for Tropical Climates, particularly the British Settlements in the East and West Indies, and the Coast of Africa. By Richard Reece, M.D. 8vo. 9s. boards.

A Treatise on Hernia. By Antonio Scarpa, Professor of Clinical Surgery in the University of Pavia. Translated from the Italian, with Notes and an Appendix. By John Henry Wishart, Surgeon. 8vo. 16s. boards.

A Treatise on the Hydrencephalus, or Dropsy of the Brain. By James Carmichael Smyth, M.D. 8vo.

CORRIGENDA.

In our last, p. 203, lines 21 and 22, dele, "*nature and.*"

——— p. 205, note, for "was mention," read "*was* NO *mention.*"

THE

Medical and Physical Journal.

5 OF VOL. XXXI.] MAY, 1814. [NO. 183.

"For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable series."—RUSH.

For the Medical and Physical Journal.

Case of Diseased Liver, illustrative of the necessity of attending to the more important Organs in Disease, and interesting on account of the Symptoms; by Mr. H. H. TULLIDGE, Member of the Royal College of Surgeons, London.

MR. B., aged thirty-four, a merchant of this town, was attacked very frequently during the summer with a troublesome hiccup, which at first was not much attended to, but as it became more frequent and of longer duration, from two to six hours and upwards, he applied to a medical gentleman, who prescribed for him various remedies, but with little or no effect. His health in a few weeks was manifestly on the decline, with great loss of muscular energy. The beginning of October his hiccup was so incessant as only to have a respite of half an hour or an hour in twenty-four. At this time I was sent for. On making my inquiries, I found his bowels for some time past had been unusually costive, so as to render opening medicine often necessary: he had observed also that he made less water; he complained of weakness across the loins, and, what is remarkable, a total insensibility of the scalp, so much so that no sensation whatever was excited by pulling the hair ever so strong; his pulse at this time were by no means frequent, but easily compressible; he complained of no local pain of any kind. I first gave him powders composed of the Pulv. Rhei. cm. Sulphate Potassæ, with small doses of the Pulv. Ipecac. every two hours, with a view to excite some little action on the stomach, and to clear the primæ viæ. Slight vomiting was brought on by the second dose of the powders, but no action was produced on the bowels, the hiccup however continuing. Having maturely considered the case, though the cause of the incessant hiccup was obscure, it appeared evident from

the other symptoms there was a want of action in the secreting system, and of the liver particularly. With this view of the case, he was ordered the Pil. Hydrarg. cum. Opio et Ipecac. every four hours, expecting that the combined effects of the opium and ipecacuanha would have some effect in relieving the hiccup, and produce a general moisture of the skin, and that the hydrargyrus would exert its influence on the secreting system. On account of indisposition, I could not see him for a few days after this, but a medical friend called at my request, who reported to me that the hiccup had remitted between two and three hours, that he had some sleep, his bowels were relieved, and his pulse was favorable. The pills were recommended to be continued. Another practitioner, however, at this time was called in, who considering the symptoms to arise from renal calculi passing the ureter, strongly recommended the alkalies, which were resorted to, and continued until the case was hopeless, and he died.

The friends of Mr. B. requested that the body might be opened, to ascertain if possible the nature of his complaint. I accordingly attended, and in the presence of several surgeons opened the body. The first mark of disease which presented to us on exposing the abdominal viscera, was a dark ridge on the margin of the whole of the right lobe of the liver; and on raising the sternum to bring into view the whole of the convex surface of this viscus, the posterior and middle surface was of a black grumous appearance, which, on cutting into, was found to enter some depth into its substance. The gall-bladder was empty, and no trace of bile could be distinguished in any of the pori biliarii. The renales were examined, but no mark of disease was apparent. The ureters were free from any obstruction. The bladder was much contracted, and contained little or no urine. There was no diseased appearance in any of the other viscera.

Reflecting on the symptoms and the cause of the hiccup, contrasted with a view of the principal seat of disease on dissection, it appears to me that the hiccup was induced by the diaphragm being opposed to the inflamed surface of the liver. The absence of pain in the hepatic region, and the insensibility of the scalp complained of by the patient, is still somewhat obscure.

St. John's, Newfoundland, H. H. TULLIDGE.
Nov. 10, 1813.

For

For the Medical and Physical Journal.

On the Use of Antim. Tart. in Ophthalmia.

NO sooner had I read the paper in the last Number of this Journal, signed "*An Admirer of Truth and Justice,*" than I immediately exclaimed—Wonderful man!

" ——— Quæ te tam læta tulerunt
" Secula? qui tanti talem genuere parentes?"

But what has the author of this long paper in view? Does he either prove or disprove the opinions which I ventured to offer? I do not see that he even attempts it.

That the case which I related was the real Egyptian ophthalmia, I will not contend for; but I must remark, by the way, that there was considerable chymosis in that case, and when first seen a puriform discharge from the conjunctiva, which afterwards was succeeded by the effusion of tears; but, however, admitting that it really was not, he cannot deny that it was a most violent attack of inflammation, approaching to the degree of the Egyptian ophthalmia.

The treatment of Egyptian ophthalmia, and the simple acute ophthalmia, has always been similar, and the *modus operandi* considered the same; only that in the former the symptoms being more violent, the remedies employed have been carried to a greater extent. Now Mr. Adams, if I am not mistaken, (I have not the paper before me,) does not attempt to give a solution of any peculiar operation of the Ant. Tart. in that disease, but goes on general principles; 'tis true he did not say that he had tried it in the acute ophthalmia, but not giving the least intimation that he thought it would not be successful in that disease, and reasoning that if vomiting was so peculiarly successful in abating the inflammation of Egyptian ophthalmia, it would not fail, given in a similar manner, to be useful in acute ophthalmia, where the inflammation exists in a less degree; and that it was given in the manner directed by Mr. Adams, I must unquestionably maintain. It is quite immaterial whether he directs two grains or ten grains, a point which the gentleman insists on much; his only meaning in that is, that vomiting should be produced and continued; if, then, one grain would have that effect, where was the necessity of giving more until required? He seems wonderfully desirous to enforce the necessity of doing just as Mr. Adams says, and in a very eloquent passage shows the grand mistake I have fallen into in not attending more carefully to that circumstance, of which this sentence forms a part: " Mr. Adams, in his first paper on the Ophthalmia, inserted in the 170th

Number of this Journal, p. 303, after mentioning that the mode of treatment recommended by a celebrated oculist had been ineffectually tried by himself and his son, for the space of two years, upon a large number of patients, in St. Pancras workhouse, where he first tried his practice, says," &c. This is as clear and precise as the most critical could require; not any doubt or uncertainty arises on reading over the passage, who it was that tried the practice two years; one of those "who are so blind as will not see," perhaps might be at a loss; but those who have their eyes enlightened, will give him due praise for his *non-ambiguity*.

The assertion that I said the inflammation had pre-existed three days in the *most violent degree*, I must beg leave to say is not strictly just: I said that it had *commenced* three days previously, but that it had existed from the beginning in the most violent degree I did not say; for, in fact, the inflammation had only begun to be alarming the same day on which he was seen. Along with him two or three of his children were affected with considerable inflammation and puriform discharge from the eyes; which circumstance would favour the opinion that his case was Egyptian ophthalmia, it being contagious; but in them the inflammation did not extend to so violent a degree as to require such active remedies.

Hull, March 9, 1814. W. M. T.

For the Medical and Physical Journal.

Queries suggested by the Perusal of Mr. Kington's Case of Luxation of the Jaw.

HAVING perused the case of Luxation of the Jaw, published by Mr. A. Kington, in your valuable Journal, I would candidly ask the following query:—What was Mr. Kington's motive for bleeding per ulna, or by leeches upon the part affected, or both, immediately after he found the swelling and inflammation so great, and the muscles so strongly in action, as to render it impracticable to reduce it without doing great injury? and why he, the next day, when he found his patient's symptoms so much increased, did not bleed to a larger extent, as he states his patient to have been of a strong muscular habit? Might not the jaw have been much sooner reduced, and the patient put out of his misery, if from twenty to thirty ounces of blood had been directly drawn, and the warm bath used, &c.?

W. P.

For

For the Medical and Physical Journal.

Case of Phrenitis from Injury of the Head.

"Nullum vulnus capitis contemnendum."

ON a Monday in the month of August, William Slater, a boy in the employment of an apothecary of this town recently deceased, whilst in the act of putting up his master's shutters, fell into the area. He was stunned by the fall, and lost a considerable quantity of bloody fluid from the right ear. When sufficiently recovered to be able to walk, he was led home (a short distance) by the servant of the house. He had no recollection of the mode in which the accident happened. From this day until the following Wednesday he kept his bed, complaining of violent pain, and particularly of a burning sensation in the upper part of the head, with constant vomiting. On Thursday was persuaded to walk out a little, which he did for about half an hour. On Friday he became worse, and from this time, till the afternoon of Monday, he continued nearly in the same state.

During the whole of this period he was seen at intervals by his master, who thought so lightly of the case that he attempted nothing for his relief. On Monday evening he became furiously delirious, though at times he was sensible; and in answer to questions put to him, complained of acute pain in the head. On Tuesday I saw him. He was then raving. His pulse was weak, quick, and undulating; the tongue white and tremulous; the countenance had the appearance of one sinking in the last stage of typhus; at times he screamed violently, at others uttered more distinct exclamations—O my head! When roused he knew his mother, and being desired to put out his tongue and move his limbs, did both, but soon relapsed into his former condition. Nothing could be retained on the stomach.

With symptoms so evidently characteristic of an advanced stage of inflamed brain, no reasonable expectation of benefit could be entertained. The weakness of the pulse seemed at first to forbid the use of bleeding; and admitting the expediency of having recourse to it, its utility was very questionable at this late period of the disease.*

Twelve leeches were applied to the temples, the head was shaved, and a blister applied, previous to which, on exa-

* I have since had many cases of internal inflammation under my care, which have proved this opinion to be incorrect. From these I am led to the conclusion that, generally speaking, the state of the pulse should never deter us in the employment of bleeding, where evident marks of inflammatory action are present.

mining

mining the parts about the ear of the right side, a fissure *without* depression was discovered. On Wednesday morning was somewhat more tranquil. Sixteen ounces of blood were taken from the arm, but the evening brought with it a return of all the symptoms. His fæces and urine were passed involuntarily; his tongue was parched and black; and he had slight convulsive motions of the whole body. On Saturday he died.

On dissection, the membranes of the brain were found remarkably inflamed, with depositions of coagulable lymph between the pia mater and arachnoid membrane. The appearance of the membrane, with this deposition, very much resembled that of a portion of the heart with fat on its surface. A part having been removed, it was not recognised by some medical friends to whom it was shewn. Water was effused into the ventricles. The fissure extended into the base of the brain; we found a coagulum. Blood was effused at the part where the blow was apparently received, near the inferior angle of the parietal bone.

How far this boy's life might have been saved by the employment of bleeding immediately after the accident, and by its repetition according to the violence of the symptoms, is a question which it is impossible to determine. It is obvious, however, that the neglect of it, in a case so strongly marked from its commencement, is a proof of gross ignorance or extreme carelessness on the part of the practitioner; but "de mortuis nil nisi bonum." J. W.

London, March 10, 1814.

For the Medical and Physical Journal.

Raucedo Catarrhalis sometimes mistaken for Croup.

EVERY practitioner of observation will readily admit that Cynanche Trachealis, or Croup, is a disease which, within these few years, has become much more frequent than it used to be. This is probably to be imputed to improper clothing and improper diet, rather than to any difference in regard to the humidity or temperature of the atmosphere, which, taking one season with another, must be considered to be the same now as they were twenty or thirty years ago.

But, although it be true, whatever be the cause, that more cases of Croup occur now than formerly; yet it is by no means quite so common a disease as some persons imagine, who, from haste and want of accurate discernment, mistake the hoarse voice and cough, which sometimes accompany the beginning of a catarrhal attack in young subjects, for symptoms

symptoms of croup. This raucedo catarrhalis is easily removed by the common febrifuge treatment; and the deceived practitioner takes to himself the credit of having cured a case of croup.

The mistake arises from attending to sound alone. In the raucedo catarrhalis, the noise resembling the croup-sound is produced only in the act of speaking and coughing, but not during inspiration; whereas in cynanche trachealis the peculiar sound is greatest while the air is drawn into the lungs. But there is another circumstance which affords material assistance in establishing a diagnosis between the two affections; I mean the dypsnœa and convulsive action of the parts concerned in respiration. These are symptoms inseparable from croup, but are not present in the raucedo catarrhalis. *A London Practitioner.*

March 10, 1814.

For the Medical and Physical Journal.

Remarks upon the Possibility of Urinous Vomiting, with Cases.

IT is repugnant to my feelings to obtrude on the public an account of either my mental or bodily infirmities; but having read this morning the letter of Mr. Pulley on the case of Ann Fooks, inserted in p. 481 of the Medical and Physical Journal for December, and as it appears to me written in a spirit unfavorable to philosophical discussion, though my sun is declining too fast to permit me to seek any occasion for controversy, and though I am equally a stranger to Dr. Yeats as to Messrs. Gibbon and Pulley, I, as it were, feel myself constrained to state the following particulars, which incline me, notwithstanding all Mr. Pulley's sagacious and satirical strictures, to believe in the verity of the cases of urinary vomiting, stated and published by Drs. Senter and Yeats.

About five years ago I passed my grand climacteric, and the following winter I was attacked by a most severe and intractable cough, and in a few months I became subject to asthmatic paroxysms. The following year these complaints returned, and I then first experienced the pain and inconvenience attending *Ischuria.*

The cough, in defiance of all the usual remedies, became more frequent and harassing, and almost every morning, between half past two and three o'clock, roused me even if I were in a profound sleep, compelled me instantly to sit up in bed, and with a force as distressing as if "*soul and body*

body were riving," continued for half an hour or more; then I had violent retchings to vomit, so loud and strong as to be heard in an upper story of my residence. These retchings would be repeated six to a dozen times or more, and I knew the cough would soon cease when I perceived a urinous taste. The two or three last vomitory exacerbations, generally brought up from two tea to three dessert spoonsful of limpid fluid; sometimes indeed it seemed mixed with saliva, and in either case it had as urinous a flavor as can possibly be imagined; then the cough ceased, and *tired nature* refreshed herself with *balmy sleep.*

These saline-aqueous ejections did not take place unless I was at the time more or less troubled with *Ischuria*, a complaint I am seldom sensible of during the day; previously to, and during its nocturnal visitations, I have a hard swelling in the abdomen, occupying a space equal to the size of my hand, rather to the right of the *umbilicus*, extending to the inguinal region, which swelling of the *hypogastrium*, after the urine is discharged, is scarcely perceptible; in the mean time the body is in a state of preternatural heat, the chest is incapable of bearing the least pressure, and the scrotum bathed as it were with moisture; but this last circumstance does not invariably occur.

My appetite has not been impaired by these severe sufferings, nor has my "*fleshy*" * appearance altered in the least, a proof among a multitude of others, that "*emaciation*" is not invariably the consequence of diseased action. My ailments, except occasional difficulty of respiration, notwithstanding my increasing age, are a little abated; my cough is now more manageable, its periodical return in the morning, and the attendant retchings, have not lately distressed me so much as they have formerly done, and medicine, when I have recourse to it, affords me more certain relief.

The determined sceptics concerning the possibility of urinous vomiting, will be disposed rather to ridicule than respect the facts I have stated; for Mr. Gibbon's coadjutor (Mr. Pulley) is very prompt in applying his *caustics.* In his essay now before me, he endeavors to be "*very sharp*" on Dr. Yeats. He tells us, he "thinks seriously—he "feels the most indignant desire to reprobate the imposition—"and yet he cannot altogether bring his mind to write gravely "on the subject!!!" †—He gives very intelligible hints that Dr. Y. "possesses a thirst for novelty, which can never be al-"layed, and an appetite for the marvellous of insatiable vora-

* Vide Mr. P.'s letter.

† Med. and Phys. Journal, No. 178.

"city, catching reports and assertions as they fly."* Having previously informed us of his demonological reading, and hinted at his inability to "*discern infernal gentry*,"† Mr. Pulley proceeds to tender us a bill of exceptions to *Dr. Senter's* case of Lucy Foster, declaring his "*disbelief entirely of this case.*" Now, to a person who like me is an entire stranger to the state of parties at Bedford, there seems in this letter "*so full of sound and fury—more than meets the ear.*" Has neither the demon of prejudice, nor "*green-eyed jealousy*," nor public, nor parish polities, insinuated their fermenting leaven into this physical discussion? Be that as it may, I, who am among the least of those who have been long devotees to Esculapian studies, feel regret at Mr. P.'s unprovoked and sarcastic strictures—strictures such as can only be justly applied to wilful stupidity, or detected imposture—strictures written in such a spirit, that, in my humble opinion, have a tendency to provoke the physician, if unfortunately he is a man of an irritable fibre, to relinquish his pen and appeal to his pistols.

At one of the consultations in which I had the honor a few years since to meet the late Dr. Samuel Foart Simmons, he presented me with two volumes of his "Collection of Medical Facts." The 13th and last article in the sixth volume,‡ consists of Dr. Senter's case of Lucy Foster. However "triumphantly" Mr. Pulley may insinuate that Dr. Yeats brought forward that case, it appears to me that the doctor could have done himself and the argument ampler justice, by introducing to the notice of his friends and the public, the additions subjoined to that case by the learned editor of the "Collection" just mentioned; who, far from discovering any flaws in the statement of the American physician, added other cases, tending to strengthen our belief of it.

Dr. Simmons thus writes: "There are many instances, Dr. Senter observes, in medical books, of sudden and partially increased actions of the vessels of the human body; but he candidly acknowledges, that his reading has furnished him with no fact similar to the extraordinary one which is the subject of the paper before us. There are however two

* The Drummer, or Haunted House, mayhap, where the Butler tells the Gardener—"Why a *Spirit* is such a *little—little* thing, that "I have heard a man, who is a great *scholar*, say, that he'll dance "ye a Lancashire hornpipe upon the point of a needle."

† Alas, I blame you not, for you are mortal—
And mortal eyes cannot endure the Devil.——*Shakespeare.*

‡ Published by Johnson, St. Paul's Church-yard, 1795.

cases which exhibit a striking analogy to those of Dr. Senter's patient; and, although they may have been overlooked, or perhaps disregarded, on a supposition of their improbability, they must now become extremely interesting by the tendency they have to corroborate the curious and extraordinary facts he has related. Both these cases we allude to occur in the History of the Academy of Sciences at Paris, and are as follows.

Case I.—"M. Maraldi has communicated to the Academy the following case, from a letter addressed to him by M. Marangoni, physician at Mantua:

"A nun of the order of St. Francis, in the convent of St. Joseph, at Mantua, aged thirty-five years, of a thin and delicate habit of body, and who had long been subject to hysterical complaints, was attacked with pains, spasms, and swelling of the abdomen, to which succeeded a violent and alarming suppression of urine. Soon after she felt a pain which she described as ascending from the lower part of the abdomen to the stomach, and she vomited a fluid which without any difficulty was known to be urine. This vomiting continued forty days, during which the patient voided no urine by the usual channel, unless the surgeon drew it off with a catheter, and even then the quantity scarcely amounted to an ounce a day. At the end of forty days the urine spontaneously resumed its natural course, and in a day or two the patient found herself perfectly recovered; but the vomiting of urine returned, and at the end of twenty days the patient complained of a very acute pain about the region of the pubis. Her surgeon was desirous of relieving her by means of the catheter, but there was such a contraction of the urethra, that he found it impossible to introduce his probe into the bladder. The vomiting of urine has continued, and what is remarkable, there is no appearance of food mixed with it, even when the vomiting takes place soon after her meals. When M. Marangoni wrote his account, the patient had been in this state thirty-two days.

"This singular complaint would lead one to think there is an immediate though hitherto an undiscovered communication between the stomach and urinary bladder; but M. Marangoni, and the celebrated Lancisi, are of a different opinion; they both of them think that in cases of this kind a suppression of urine takes place in the kidneys; that is to say, that the kidneys cease to extract this fluid from the blood, and that in their stead the glands of the stomach perform this function."

Case II.—"M. Lemery," (a name famous in the annals of medicine) "is acquainted with a monk, who for about eight years

years was subject to a periodical vomiting, the fits of which are as regular as those of a quartan ague. Five hours, or thereabouts, before the vomiting begins, he complains of violent pains in his kidneys. The vomiting continues at intervals four or five hours. What he vomits is of a dirty red color. It is almost entirely water, but has a strong urinous smell, and the patient has no doubt of its being really urine, as he eats but very little, and drinks more than the usual portion of a monk. He drinks only wine, the color of which agrees with that of the fluid he vomits. A few hours after the vomiting he finds himself well, and remains so till the next fit. He uses a great deal of exercise, without which he thinks he should suffer more. It is a known fact, that in nephritic pains, which are always occasioned by obstructions of the kidneys, the patients are subject to frequent vomiting, and what they bring up smells much of urine."—"See Histoire de l'Academie Royale des Sciences, années 1715 and 1722. Editor."

I am firmly convinced of the possibility of urinous vomiting; "but for the denial of the utter possibility of that symptom, I should not" (says Dr. Yeats, vide letter, Aug. 8, 1813,*) "have engaged in the discussion at all." In the case of Ann Fooks, it is possible that the doctor may have been misinformed or imposed on, respecting some *minor* particulars; he however writes like a gentleman, disposed to sacrifice selfish consideration at the altar of truth.

In fine, it would give me pleasure to hear that peace waved her olive over the contending parties at Bedford; and that, under her benign influence, those who belong to a liberal and beneficent profession, desisted from pointing the finger of ridicule at each other; and instead of disputing like fierce and intolerant polemics, proved themselves emulous to concentrate their attention to those pursuits that tend to lessen the various sufferings of humanity.

Islington, Jan. 14, 1814. MEDICUS.

For the Medical and Physical Journal.

Cases of Fever in Children treated by Leeches.

I WAS called to the infant daughter of Mr. B. residing in Tottenham-court-road, who was attacked the day before with symptoms of fever, viz. hot skin, florid countenance, thirst, sour breath; the tongue, nevertheless, was of a na-

* Med. and Phys. Journal, No. 175, p. 198.

tural appearance. While in the room I observed her to start frequently, as if shivering with fits; this had also been remarked the preceding day, at the commencement of the attack, and she complained of cold, with pain in the head. Suspecting some mischief in the brain was going on, I desired to be called in case of any alteration for the worse, and ordered a saline aperient medicine to be given immediately. Before it could be administered, she was seized with a violent fit, which continued the space of half an hour. Two leeches were applied to the temples, but the convulsions had then abated, though the child was left in a state of insensibility. The leeches had scarcely filled, when an evident alteration had taken place for the better; the sensibility had returned, in the evening the fever was gone, and no appearance of convulsion has been since witnessed. On the following day, being still a little unwell, a piece of blistering plaster smeared on worsted was applied behind the ears, and by these means the whole of the complaint was removed.

Case II.—Mary, the infant daughter of A. T. of Hart-street, Bloomsbury, had been ill six months, and was observed to waste away without any manifest cause. About a month ago the ears became sore, and an eruption appeared on the surface of the body, with relief of the former indisposition, and it was generally remarked how much she was improved in health. The ears discharged until they became so painful as to produce considerable distress and irritation. Though not an advocate for the premature healing of these excoriations, having frequently traced hydrocephalic symptoms to this source, I advised an ointment, composed of calamine cerate and red precipitate, which in one day completely dried up the discharge. Our success, however, had nearly been attended with fatal consequences: fever, of a hectic kind, and headach, arose, with convulsive startings of the body; sometimes the countenance was flushed, and at others was of a deadly hue, with intervals of delirium. The friends of the child became seriously alarmed for its safety, and the whole college might have been summoned in consultation, had I not explained what I conceived to be the cause of the unfavourable symptoms, viz. *the healing of a discharge instituted by nature for the relief of the constitution.*

The antihumoral pathologist will probably smile at this opinion, though the fact which gives rise to it can neither be controverted or otherwise explained than upon this supposition. Leaving the theory, however, for the practice, leeches were applied with the same advantage in this case as in the former, but the symptoms were not entirely subdued

dued until the mother of the child *sua sponte* reproduced the ulceration, which continues to this day.

They who have witnessed the insidious approach of hydrocephalus, will be able to appreciate the importance of having recourse to local bleeding about the head in the fevers of children. I do not affirm that the cases here related are connected with this disease, but I have a distinct recollection of some fatal instances of it, where the first decidedly marked symptoms were exactly the same. I have learned from painful experience, in the person of a lovely child of my own, how difficult it is to detect its existence in the early stage, following the generally received accounts of the manner of its attack. As nothing can be more uncertain then than the first symptoms of hydrocephalus, it behoves the practitioner, in all cases where the possibility of doubt exists, to exercise extreme caution in the treatment of infantile complaints. X. Y.

March 10th, 1814.

For the Medical and Physical Journal.

On Pulmonary Consumption; by Mr. RICHARD WALKER, of Oxford.

(Continued from p. 302.)

DISMISSING, then, the *visionary idea* of curing, or even relieving this disease, by any *medicine* supposed to have the power of acting *specifically* upon it; which, however amusing in theory to the inexperienced, never has been, I am certain, and I venture to predict never will be, confirmed by FACT; I shall proceed to the only rational means by which this destructive malady is to be treated with any prospect of success. I shall confine myself, here, to the *organic pulmonary consumption*, which ordinarily originates in a constitutional acrimony in the habit, either of a scrofulous or scorbutic nature, which most usually, in consequence of some exciting cause, as catching cold, as it is called, fixes on the lungs, commencing in tubercles, proceeding on to abscesses, and terminating in ulcers.

The mode of *preventing* the disease, in such habits as are predisposed to it, or *curing* it when formed, must therefore depend, chiefly, upon the means recommended for the cure of those in whom, with the same diseased habit, but from a differently exciting cause, the disease fixes and vents itself in some other part, viz. by an artificial outlet, made sufficiently early, in a convenient situation, by way of draining from the habit the noxious humor, and thus drawing it off,

off, or diverting it from the lungs; observing to avoid or provide against, as much as possible, every exciting cause, viz. the effects of cold and moisture in the atmosphere; heating and stimulating nourishment; and strong liquors of every description: and using medicinally antiphlogistics, and anodynes occasionally, so regulated as to suspend the cough, and procure rest, without acting as a stimulant: for this intention, *opium*, in a solid form, is fittest, exhibited at due intervals, and in a dose sufficiently small as to act rather as a sedative than as a stimulant; with demulcent liquors and lubricants, to allay the irritation at the trachea, and thereby prevent the mischief, as much as possible, arising to the lungs from coughing. If the disease, before application, has advanced so far as that the patient expectorates purulent matter in considerable quantity, and is evidently sinking under the disease, recourse must be had to a more nutritious restorative diet, with cordials and anodynes, obviating as much as possible to the last every distressing symptom and circumstance, by the most appropriate means, both of diet and medicine. A uniform temperature is of so much consequence in this complaint, that I am convinced, if patients, in a recent state of this disease, could be removed to a climate where the temperature is constantly about 64 or 65, with the above management, and without being annoyed by a pretended specific, it would much seldomer prove fatal. The salutary introduction of the use of flannel to the skin and socks to the feet, to all tender persons, especially such as are particularly liable to affections of the chest, rheumatisms, &c. must be so obvious now as never to be overlooked.

Hence, the only mode to be pursued in *pulmonary consumption*, for which there is certainly no direct remedy in nature, the means excepted before pointed out, when evidently arising from a scrofulous cause, or more particularly what I have denominated a scorbutic-scrofulous affection;* and whilst in an incipient state, at which time alone a cure can be reasonably expected, is to allay the irritation in the lungs, abate the hectic fever, and at the same time to support a due degree of vigor in the habit. No medicine in nature has any specific effect in abating or suspending the cough arising from the irritation in the lungs, in consequence of disease, except opium, (premising blood-letting occasionally, as circumstances may indicate.) The due administration, therefore, of opium, at proper intervals, with

* This alludes to the article *Scrofula*, and which will probably form the subject of my next paper.

the mechanical effects of medicines of an emollient lubricating quality,* to allay, temporarily, the irritation in the trachea, the immediate cause of the cough, are the only appropriate medicines for this intention. The hectic fever being the effect of the diseased affection of the lungs, demands our attention in a secondary way only, and for which, in addition to the former, such medicines as are congenial to the inflamed irritable state of the lungs may be administered, as refrigerants, antiphlogistics, &c.

Since the effects upon the lungs of violent and repeated coughing are most to be dreaded, which by rending or lacerating the lungs may induce hæmorrhage, or hasten or bring on suppuration, every means should be used to allay or prevent this. In addition, therefore, to what has been observed before, particular care should be taken that the patient be supported by a bland, cooling, nutritious, lubricating diet, exhibited at shorter intervals than is usual in a state of health; for the patient is not only injured more by any incidental fits of coughing which occur, but is also much more susceptible or liable to coughing during a state of debility, than in a due state of vigor of body; and, however trifling it may appear, it is of the utmost importance, to save the lungs, by exerting every innate effort of suppressing the cough, as much as possible, instead of giving way to it, as is the ordinary way, upon every irritation or excitation to coughing, and which may be effected, by due exertion, in a very considerable degree, and with eminent advantage. By this means, when such irritation on the trachea, and excitation to coughing, has occurred to myself in the night, to a most distressing degree, at a time I was unprepared for it, I have entirely, or in a great degree, obviated the ill effects I had formerly experienced on such occasions, merely by collecting in my mouth my saliva, in quantity, and then swallowing it, in order to supply the place of other lubricants; and exerting my utmost efforts, and very effectually, in obviating to a considerable degree the distress of coughing.

In order to appease the cough, especially during the night, in pulmonary consumption, as well as catarrh, re-

* The lubricating medicines, ordinarily administered, consist of the mucilages of gum acacia, gum tragacanth, quince-seed, or linseed; of which, perhaps, the last is most efficacious, exhibited according to the formula in the last London Pharmacopœia, viz. the infusum lini; the decoct. hord. comp. likewise, with the addition of gum acacia, is a very good formula.

course

course must be had to a prudent administration of opium; and the occasional, and in some cases the almost incessant administration of lubricants, which (in the case of consumption, where little nutriment is taken,) should be likewise of an innocently nutritive nature, thus answering at the same time two different intentions, viz. appeasing the cough and supporting the patient, avoiding every thing likewise of an oily or unctuous nature.

So essential are lubricants for appeasing cough, and removing or obviating irritation in the trachea, which for want of them is sometimes extremely distressing, that when no liquor of this nature is at hand, as might happen in the night, even the saliva itself, as I have observed before, collected for the purpose of swallowing as a substitute, as I have frequently experienced myself, will remove the most distressing sensations from this cause, and avert an incessant coughing the whole night. Persons in general are too apt to indulge in, or give way to, every excitement in the trachea; much however may be done, and effectively, by exerting proper efforts to suppress and put aside the cough, and by this means the lungs, already in a tender and irritable state, prevented from much injurious and unnecessary exertion, and any expectoration which is unavoidable brought up much easier and more perfectly.

Ordinary persons have a notion that affections of the chest are seated in the stomach, as they term it; or that whatever medicine is taken goes immediately to the seat of the disease. This erroneous opinion, being productive of evil consequences, should ever be removed; and they should be informed that the efficacy of lubricants, simply so considered, only act by lubricating the parts, as they pass over in their way to the stomach; and that it is not the quantity that is swallowed, but the frequency of the application, which produces the wished-for effect.

A certain author, speaking of the trifling light in which a cough is considered by many persons, says, "more people die in this country of cough than any other disease; which in its commencement might have been readily cured by the most simple medicines." I am perfectly assured of the truth of this observation; and I might add, that of those who are placed under the care of medical persons of reputed eminence in their profession, many die which might have been saved by means which are entirely despised by the patient and attendants, and most generally neglected or disregarded by the physician.

Had I not been of the medical profession, and with such advantages

advantages of experience as to know how little reliance is to be placed in the usual mode or routine of practice in such a complaint, and of the total inefficacy of the medicines ordinarily used in such cases, I might, I am of opinion, in consequence of cough, during winter seasons, have died a dozen times or more, had I been possessed of so many lives; whereas I have hitherto preserved my life from this and various other threatening illnesses, by the means which I have had occasion to notice in different parts of this work, but which, unfortunately for other persons under similar circumstances, I apprehend will not obtain that credit which I well know to be due to it, or that they will appreciate its real value.

In affections of the chest, as peripneumony, pleurisy, and in catarrh, cough, &c. especially if the person be disposed to it, the first question asked should be, whether the patient wears a flannel waistcoat; and if not, it is the first thing to be insisted on. I have cured many patients by this means alone, whom it would have been impossible to have convinced were not cured by the medicines administered to them, at the same time one particle of which, under similar circumstances, I would not have taken myself. The use of flannel is equally applicable in rheumatic affections; and the constant use of a flannel waistcoat, after once commencing it, viz. in the middle time of life, or earlier, if a tenderness of habit require it, should never afterwards be omitted.

I am convinced almost every instance of pulmonary consumption might be averted, by attention to this circumstance, and others of a similar tendency, which I have mentioned, if adopted sufficiently early.

I may venture to say, without any fear of contradiction, that the introduction of under flannel waistcoats, which is but of late date, although now almost universally used, has been more beneficial to the community at large, respecting the preservation of life and health, than any discovery in the medical profession which has been made during a century back from the present time.*

I shall have occasion hereafter, when speaking of *Noli me tangere*, an affection which I consider to be of a scrofulous nature, to notice the case of a young woman who was admitted into the Infirmary for the cure of this complaint, in

* *Vaccination*, it might be said, is an exception to this observation; but this, I think, is not strictly applicable to the present circumstance.

other respects perfectly well. After a few months, (not in consequence, apparently, of any applications, which, in this instance, were merely of a mild or palliative nature,) the sore healed, she became consumptive, and died, without leaving the Infirmary. In this instance the disease evidently became transferred to the lungs. I have no doubt, in this instance, that an artificial outlet, in the manner before alluded to, properly managed, (which, by the bye, as I shall have occasion to show hereafter, is much more difficult to manage effectively than is ordinarily supposed,) would have rendered the cure of the original complaint easy and safe, and obviated or prevented the affection on the lungs.

The following observations on *Regimen* and *Clothing* forming an appropriate appendage to the subject of this paper, I shall subjoin them.

Regimen and Clothing.—A strict attention to each of these is in reality of the first importance towards recovery from almost all indispositions, and from many diseases, as well as for the preservation of health; but which are certainly not sufficiently regarded by many practitioners, and almost entirely despised by the sick and their attendants.

The reason of this, in the first place, arises from the practitioner not having reached the perfection of his art, viz. not having ascertained the defined limits of the efficacy of medicine in certain cases, and the almost indefinite extent of the efficacy of a judicious regimen; secondly, because such doctrine, though strictly true, being utterly incomprehensible to persons out of the profession, would be attributed to ignorance, excepting by such persons as unfortunately have experienced much serious illness, and in consequence have learned how to appreciate the value of it. In fact, there are very few diseases indeed that are curable by medicines, independently of a due attention to regimen; but there are a great many diseases and indispositions which are removable by an appropriate regimen alone. An experienced practitioner will frequently rely himself chiefly upon the salutary effects of the regimen he directs; whilst the patient reluctantly adheres to his regimen, but swallows his physic with eagerness; and when the cure is completed by the most appropriate means, it is of no consequence to which the credit is due; nor is the physician less deserving of his reward. This knowledge is of the first importance in the treatment of chronic rheumatism, coughs, consumptions, &c. which commonly originate from a neglect of attention to one or other of these matters, and for which complaints

there

there being certainly no direct remedy in medicine, too much attention cannot be paid. A flannel under waistcoat, and warm socks to the feet, are at once the best preservative against coughs, chronic rheumatisms, &c. as well as remedy for them when present. Moreover, regimen, or diet, persevered in for a length of time, in many instances effects a perfect change in the constitution, merely by introducing into or filling the habit with more wholesome juices, in the stead of those which were derived by improper nutriment; and by that means many diseases, especially such as depend upon acrimony in the habit, as *Scrofula*, (which is the parent of so many diseases,) *Scurvy*, (commonly so called,) *Gout*, &c. may be mitigated, if not entirely removed; hence nothing can be more absurd than trusting to any medicine in these diseases, whilst, as is too often the case, a regimen which produces or constantly feeds the disease is persisted in. It is upon this principle, I apprehend, that *diet drinks*, consisting of the juices of bland and innocent herbs, and other substances of a similar nature, more than in any specific qualities they may possess, are beneficial in such cases.

For the Medical and Physical Journal.

Case of Abdominal Inflammation, principally in the Kidneys and Bladder, occasioned by excessive Debauchery.

MR. A. B., after violent and continued debauches, was taken ill on the 25th of the month. He was hot, with a sense of lassitude and torpor in his limbs, and exquisite sensibility of the surface of the belly, but principally on the pit of the stomach; he complained also of acute pains in the right kidney, with inability to pass his urine; his bowels were costive. Warm baths, emollient enemas, were administered, and a bladder full of cold water was applied to the stomach. Six or eight hours after, a vomiting of bilious matter took place, which produced great debility, and his night was passed without sleep. The symptoms continued in this state till the 30th, (upwards of five days.) He was now yellow; his eyes were sunk and hollow; he had a bitter taste in his mouth; the tongue was loaded with a yellow bilious matter, a considerable quantity of which was vomited all night. The pains in the loins were most acute, with obstinate constipation, and total retention of urine. The pulse was frequent, small, and hard; in addition to these, he was distressed by spasmodic contractions of the muscles,

and a general sensibility of the abdomen was so great, that pressure made for the ordinary purpose of examination could not be borne.

The violence of the symptoms left us no hope of recovery. Emollient drinks and enemas were prescribed, with cordial and antispasmodic draughts. During the morning he expectorated a quantity of bilious matter, which he had before vomited. At eleven o'clock the pains increased, at twelve were most excruciating, at one he became delirious, and at three he died.

On dissection several ecchymoses were discovered at the inferior surface of the heart, the cavities of which were emptied. The peritoneum appeared acutely inflamed, and covered with coagulable lymph. The abdominal viscera, except the liver, kidneys, and spleen, formed one entire mass; at some parts in a state of suppuration, but the greater part was glued together by coagulable lymph: neither the suppuration or inflammation extended beyond the peritoneal covering. The liver was sound, and the gall-bladder was filled with black bile. The spleen was healthy. The alimentary tube contained a yellow bilious fluid. The fat surrounding the kidneys was very vascular. The right kidney was healthy, but the left very red in its internal part. The pelvis had a greenish tint, and the commencement of the ureter was inflamed. The bladder contained a red and thick liquid, and was very much distended; its walls had acquired a considerable thickness; all its internal surface was entirely disorganised, and was lined with broad red and white flakes. The prostate gland was swoln. The urethra was not inflamed, excepting at those parts in the vicinity of the fossa navicularis.

WILLIAM JONES.

London, April 4, 1814.

For the Medical and Physical Journal.

On the Mal d'Aleppo; by Dr. GIRDLESTONE.

THE description which you have quoted from the 1st edition of Dr. Russell's Aleppo, of the Mal d'Aleppo, is nearly verbatim to that which is given in the 2d edition. But there are facts added to the 2d edition, which may be of importance to the history of this disease. I shall endeavour to reduce them into the following sentences.

As the Mal very rarely, if ever, returned in the same patient, Dr. Russell, in order to prevent it from breaking out

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on the face, made some incisions on the arms and legs of those who had never had the disease, and inserted fresh matter from the Mal into those incisions. But the few trials which he made did not succeed: the wounds healed up without producing any sign of Mal. Dr. Russell, after the publication of his 1st edition, had an opportunity of verifying his former opinion, that the Mal was less apt to leave a scar, and terminated sooner, when left to Nature, than when treated by internal medicine or external applications: for a female slave, on entering the harem of a bashaw, had a tumour on her lip; and the bashaw having been a little acquainted with medical practice, would not rest till a mercurial salivation, decoction of the woods, caustics, &c. &c. &c. were tried and persisted in for some months. As the disease grew worse, all medical means were at last laid aside. The Mal then ran its usual course: so that the officiousness of the bashaw only prolonged the disease eight or nine months beyond its usual period of termination, and gave the poor girl several weeks of unnecessary pain.

THOMAS GIRDLESTONE, M.D.

Yarmouth, April 6, 18 4.

For the Medical and Physical Journal.

Remarkable Effects of Fanaticism on the Inhabitants of several Towns in Cornwall. By Mr. JAMES CORNISH.

A CONVULSIVE epidemic has recently made its appearance in Cornwall, which has extended its effects over a considerable part of the county, and to several thousands of individuals. This disease is remarkable for the manner in which it has been propagated, and for the singularity of many of its symptoms. Religious enthusiasm has been the exciting cause, and this has operated with a degree of violence of which no one but an eye-witness can form an adequate idea. It took its rise in a chapel belonging to that class of dissenters known by the name of Wesleyan methodists, in the town of Redruth. During the time of service, a man cried out loudly, to the astonishment of the congregation, "What shall I do to be saved?" and expressed a most alarming apprehension as to the state of his soul. Many persons, following his example, repeated his exclamation, and they in a short time appeared to labour under the greatest bodily pain.

The account of this singular proceeding was soon made public, and hundreds of individuals, prompted by curiosity

or other motives to be spectators, became similarly affected through the medium of the principle of imitation.

The chapel in which it originated was kept open for several nights and days; and from thence it spread with the rapidity of lightning to the neighbouring towns and their adjacent villages.* As it approached these places, it subsided in some measure where it first appeared, but wherever it has been seen, it has been confined wholly to the chapels of the sect; it has originated from some one crying out in the manner above related, and it has prevailed chiefly amongst those whose intellect is of the very lowest class. In every place, those who were influenced by the example given them, expressed their agony by convulsive motions of the limbs, and many by crying out in the most frightful manner, that the anger of the Almighty was about to be poured out upon them, that they heard the shrieks of the tormented spirits, and that they saw hell opening to receive them. As soon as the ministers who preached to them observed them thus affected, they begged them to encourage their convictions, and laboured most earnestly to impress them with a belief that by nature they were the enemies of Christ, that therefore the wrath of God was upon them, and that if they died in their sins, their portion would be in everlasting flames. Those whom they thus addressed repeated the words, and immediately applied them to their own consciences. This operated, as might be imagined, to increase the fury of the convulsive paroxysm. When this belief had been thought well grounded in them, the preachers changed the nature of their discourses, and exhorted them to trust in the merits of an all-sufficient Saviour, to believe in the mercy of God, to pray for a supply of faith that would enable them to believe that their sins were forgiven, and then pictured to their hopes the joys of heaven in glowing colours. Thus according to the degree of faith they imagined that they had received was their conversion, or belief that their sins were forgiven, rapid. Some, however, laboured under the sense of conviction many days, but in by far the greater number of cases their conversion was brought about in a manner surprisingly sudden. In a moment they were elevated to the most exalted state of happiness from the lowest depth of misery and despair, and they exclaimed with joy and triumph that their chains were loosed, that their sins were forgiven, and that they were brought into the marvellous liberty of the sons of God. Notwithstanding this

* Camborne, Helston, Truro, Penryn, and Falmouth.

considerable

considerable change of feeling in the mind, the convulsive motions often continued. The stimulus of the exciting cause has operated so powerfully that every secular object has been neglected, and numbers of the individuals who have been under its influence, have remained in the chapel where they first experienced it for two or three days and nights together, without sustenance and without rest, incessantly in convulsive motion. From the accounts I have received from the different parts of the county where this singular affection has prevailed, I suppose that not less than four thousand individuals have been subjected to its influence.

The following is a general outline of the progress of the attack. A sensation like syncope, and a coldness and sense of weight about the præcordia, are the symptoms first experienced; and soon after the patients shriek, as if in considerable agony. From the exclamations which escape many of the females, one would be almost led to conclude that they were in labour. In the first case I saw (a female), and to which I gave particular attention, I thought it was absolutely the case. The muscles of the eyes are first convulsed, but these organs soon become fixed and staring. The muscles of the face are next contorted in a most hideous manner. In a short time those of the throat and trunk partake of the commotion, and at every expiration the air is thrown out as if the patients were troubled with singultus: at the same time they shake and tremble, cry piteously, and toss the head from side to side with great agitation. As the disease gains strength it proceeds to the superior extremities; and now the patients beat their breasts, clasp their hands, and perform a great variety of muscular gesticulation. I have not observed the lower extremities to have been equally affected in any of the cases I have witnessed. When these parts are seized, the action is carried on with a violence truly astonishing, and it continues an hour, two hours, or longer, according to the degree of strength of the convulsed person. In some cases the nervous energy is exhausted in a few minutes, but the fit is usually of much longer duration. It has even been protracted to seventy and eighty hours. Many of the subjects who were seated during the paroxysm rapidly bent their bodies forwards and backwards with corresponding motions of the arms similar to a man in the act of sawing timber. Others shouted, jumped, and writhed themselves into every posture of which their limbs were susceptible, and these they continued until their strength was exhausted. Yawning is at first a constant symptom, indicating

dicating accumulation in the cavities of the heart;* but as the distemper gathers force, the extreme agitation of the body is such, that the circulation becomes hurried, the breathing quickened, and the countenance swollen and bloated. When the strength is nearly exhausted, the patients usually swoon, and they remain in a rigid and motionless state, until respite from fatigue, fresh air, or some other more powerful stimulus, enables them to re-act, or to put a stop to the curious character they had undertaken. From attentive observation I have been led to conclude that the persons affected are in a state of perfect consciousness during the paroxysm. In the incipient stage it very much resembles chorea, but towards the close its violence is so much increased that I have seen a female effectually resist the efforts of four or five robust men to hold her. Any attempt to restrain them during the exacerbation of the paroxysm only made them doubly furious: they were therefore for the most part permitted to exercise themselves freely, until nature was no longer able to support the action. After the fit they complain of fatigue and soreness, and these are proportionate to the violence of the muscular action. The affection is not confined to sex, or age, or particular constitution. Women afford more instances of it than men. Children of five or six, and old men of eighty, have been attacked; but its principal range is among girls and young women. Robust constitution is not exempt from an attack. Its influence, however, has been chiefly exerted on persons whose minds are of the very lowest order, and particularly on those who are disposed to be enthusiasts in religion. Inability to continue the action is the only remission the disease experiences. In one case it is said to have caused phrenitis, and in several others a degree of melancholy, remote however from fear or despair, as they have assured me they feared neither death nor hell. I have not known that it has proved mortal in a single instance. The state of the weather during the time of its first appearance was fair; the air dry and cold.

As to the exciting cause of this disease, a variety of opinions exists. Some ascribe it to the spirit of God, others to the spirit of the Devil, others to intoxication, others to insanity, and others to the influence of the passions.

The sect with whom this singular affection originated, holding an opinion that the spirit of God operates sensibly

* "The heart, when affected by any extraordinary impression, collapses, so as neither to receive nor emit any blood."—*Zimmermann on the Passions considered as a remote cause of Disease.*

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in the conversion of men, ascribe this work to divine agency; and in proof of this opinion adduce as an analogous instance the conversion of three thousand men, under the influence of a sermon preached them by the apostle Peter. When to this is opposed the improbability that the Divine Spirit should confine its operations to the chapels of their particular sect, they reply, that "God works how and where he pleases." The firmness of persuasion of the converts that the influence is divine, is also regarded by them as additional proof of its reality. But if strength of persuasion be the light that must guide us, how shall any one distinguish between the delusions of Satan and the inspirations of the Holy Ghost? If we allow their strong belief to judge the case, it will decide for their opinion; but firm persuasion, without any other proof, can never be admitted as sufficient evidence that any work is from God.*

To those who have ascribed it to the Devil, an objection is urged by the retainers of the first opinion, which, if founded on fact, will be admitted forcible, viz. that the Devil would not work on the minds of men to induce them to renounce the pleasures arising from a life of dissipation, and to act in a manner which would defeat his purpose. Notwithstanding, however, the diffused influence of the cause, and the affirmation of the opposing party as to its tendency, the aggregate of evil in these parts sustains a very inconsiderable diminution.

Others maintain that the abuse of spirituous liquors is the exciting cause, and, as far as their observation extended, this might have been the case; but it is inconclusive to draw a general inference from a solitary fact. Besides, the cause alleged produces different effects on different constitutions; but in the affection under consideration, the effects, though differing in degree, were in their nature similar wherever it prevailed.

Insanity is what has been also held adequate to explain the affection, but the effects were too diffused, and bore too general a resemblance to warrant the conclusion.

Those who have considered the subject seriously and without prejudice, think that there is no necessity to have recourse either to divine or to diabolical interference to explain it, but assert that natural causes are amply adequate to account for all its effects. The convulsive motions, they say, may be explained from the sympathy which is well known to exist between the body and soul. The influence

* Locke on Enthusiasm.

of the passions on the human frame is truly astonishing. They operate sometimes suddenly, at others slowly and imperceptibly, but their effects are equally certain. The particular mode in which they act on the human constitution has not been determined, but nevertheless it is clearly understood that a very intimate connexion subsists between the body and the mind, for what injures the one disorders the other. Sterne humorously compares them to a coat and its lining; if you rumple the one you rumple the other. Fear is the passion which of all others produces the most sensible effects. Zimmermann says, the usual effect of terror is to occasion epilepsy. At Gottingen he saw a woman attacked with epilepsy, from being suspected of having killed her child; and Wepfer relates a case where a patient became epileptic from sudden fright, and then died of apoplexy. Fear was the passion to which the sermons and exhortations of the ministers, in the convulsive affection above described, were principally directed, and that in a manner truly terrific. Hell, everlasting punishment, damnation, and all its tortures, were exposed to their view; the misery of which they would partake if they died in their sins, was painted in the fiercest coloring, and every circumstance that an ardent fancy could suggest, was added to heighten the horror of the scene. These were incessantly repeated in terms so awful and alarming, that when the imbecility and ignorance of the convulsed persons are duly considered, it can excite no astonishment that corresponding emotions should have been produced in their minds. When the strong sympathy which exists between the soul and body is also properly estimated, it must appear perfectly natural, that a violent passion of the one should produce a corresponding violent action of the other. This will also account for the change of feeling experienced when objects of a different nature were held up to them. After the disease had been once established, its propagation, they maintain, was effected through the medium of the imitative principle. Aristotle defines man an imitative animal; and so true is this, that we are not only disposed to imitate the pleasurable sensations of others, but also their painful sensations. The propensity to become affected with epilepsy from seeing any one in a fit, was well known to the Romans. This led them to forbid an affected person from appearing in the Comitia. From its having occurred in this place, and from its having been propagated to those who crowded round the person in the fit, they called it *Morbus Comitialis*. In the hospital at Haerlem, almost all the boys and girls were seized with convulsions

convulsions from seeing a girl who had been frightened into them. That women are often seized with hysteric fits from seeing others attacked with them, is known to every one. Many instances have occurred in this epidemic of children, who rivalling adults in their violence, when asked the reason of their noise and agitation, replied they could not help it—they must do as the rest did. The plan which Boerhaave advised to be adopted in the hospital at Haerlem, of burning the patient in the arm to the bone, or that advised by Dr. Haygarth, which arrested the progress of an epidemic convulsion that occurred in North Wales, viz. by keeping those who were affected as separate as possible, and by preventing all girls and young women from having communication with each other,* would no doubt have been equally efficacious in the epidemic which has occurred in Cornwall, had it been attended to; but the majority of the spectators encouraged it from an idea that it was the operation of the Spirit of God.

Falmouth, March 18, 1814. JAMES CORNISH.

For the Medical and Physical Journal.

Case of Deafness cured by a simple Process; by Mr. MORGAN.

THE following fact of the cure of Deafness, by a very simple and accidental circumstance, may be worth insertion in your valuable miscellany.

I was consulted by a Barrister in the Temple, for a deafness he had contracted within the last six weeks, and which was occasioned by a common catarrh. With a view to ascertain whether the Eustachian tube was pervious or not, and consequently whether the disease was occasioned by the obstruction of this passage into the ear, I desired him after inspiration to close his mouth and nostrils, and whilst they remained closed, to blow his nose forcibly; instructing him that, if the passage was not obstructed, he would feel a push on the membrane of each ear, from the forcing of the air into the cavity of the tympanum. He did so, and, to his great astonishment, immediately recovered his hearing on the right side; and, by a continuance of the effort a few times, succeeded in clearing the tube on the other side, and is now quite well.

CHARLES MORGAN.

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* See Haygarth on the Imagination, as a cause and as a cure of disorders of the body.

For the Medical and Physical Journal.

Observations on Tic Douloureux; by Mr. MEGLIN.

ELIZ. WEEPE, aged thirty-four years, in the month of March 1812, was seized with acute pains in the right angle of the lower jaw, which extended over all the side of the face to the ala nasi, with fluttering sensations of the muscular parts. The symptoms returned in long and violent paroxysms after some hours of disturbed sleep, during which time there always remained a greater or less degree of dull pain. At the height of the paroxysm the pain extended over the occiput, and occupied the posterior half of the head to the crown. The complaint had existed in a most insupportable degree, several weeks previous to my seeing her. She had tried a variety of anti-rheumatic medicines without effect, and finally determined on the extraction of one or two of her teeth. For my advice in this respect I was consulted. I had no difficulty in pronouncing the disease to be the tic douloureux. My first care was to dissuade her from the extraction of the teeth, assuring her that I knew, from long experience, the operation would be unsuccessful; and that far from procuring herself relief from it, it would infallibly aggravate her complaint. I prescribed some pills composed of equal parts of extract of hyosciamus, valerian, and sublimed oxide of zinc. I desired her to take a pill containing three grains night and morning, and to increase the dose by one pill every time until she took ten; but cautioned her to diminish the quantity if they produced any particular uneasiness. She could not go beyond three at each dose. Four pills produced nausea, affection of the heart, fainting, vertigo, &c. These were continued three or four weeks, at which time she was manifestly relieved. In less than eight days they had entirely disappeared, and have not returned, though a period of five months has elapsed. It is a little remarkable that so small a dose of the remedy should have been efficacious in effecting so complete a cure.

Z. Y., aged 38, was affected with this complaint. It appeared to her to be common tooth-ache. The pain came on in violent paroxysms, principally about the last molares of the left upper jaw. As the patient had formerly suffered from carious teeth, she expected relief from their extraction, an operation she had usually submitted to. Eight different times it had been performed with success, the pain having immediately disappeared: she therefore naturally desired the removal of the suspected tooth, which was done. It was not diseased, and our patient for once was disappointed in the expectation

expectation of obtaining relief. The pains continued, and became almost insupportable. Sometimes during the day spasms came on in the socket of the extracted tooth, and in the buccinator and masseter muscles, by paroxysms of greater or less duration, so violent, that the patient described it as though the parts were torn away with pinchers. To this was added so forcible a tetanic contraction of the lower jaw, that fluids could scarcely be introduced into the mouth. She has since declared to me, that in the excess of agony she was frequently tempted to put an end to her existence. A variety of remedies were employed previous to my being consulted. I recommended the same medicine as in the former case. Six pills were taken morning and night, and in three weeks the cure was complete. Four months have since elapsed without any relapse of the complaint.

This remedy has been also found serviceable in the case of the Abbé du C. though the effect has been less perfect than in the former instances. He had been affected with this complaint many years. M. du C. until the age of 40, had experienced rheumatic pains in the left knee. At this time they were exchanged for an acute pain in the right side of the face, coming on at intervals with great violence. It affected the right ala nasi, the cheek, the eye, and all the upper part of the head. This pain was extremely acute, and its accession very frequent and sudden. It was compared to an electric shock. Various treatment was adopted with little success. He occasionally had intervals of some months, but the pains returned again with the same force at the different changes of the seasons. Once he experienced an interval of eighteen months, but the return of the pain was marked by a great accession of violence, and which continued to increase in strength and duration as his age advanced. Many anodyne remedies were administered, an issue was made in the leg, a seton put into the neck, and teeth were drawn, without effect. A copious salivation, especially in the morning, came on spontaneously. The medicine above-mentioned was recommended to him, which he took in the quantity of six pills (eighteen grains) night and morning, drinking after it Cyathum Infus. Folior. Tiliæ and Florum Aurantii. After some days he was evidently better. The pains diminished in intensity, and frequently the salivation ceased. The sensibility of the part lessened so as to enable him to bear pressure without pain. One effect perceived from the remedy was a great flow of frothy urine, and a dryness of the mouth, which was neither painful nor troublesome, and which remained half an hour after

after taking it. He was now able to walk out, after having been eighteen months a prisoner, and resumed his usual occupations; but the variations of the weather, which are very frequent in this climate, occasion slight relapses. His stomach is not inconvenienced by the medicine, and his appetite is good. At first, while under the use of the medicine, he occasionally felt shocks of an electric kind in all parts of the body, but they have now ceased.—*Journale de Medecine, par Corvissart, Leroux, & Boyer.*

For the Medical and Physical Journal.

Explanation respecting Mr. Adams; by Mr. BARROW.

IN the last Number of the Medical and Physical Journal, I observe, in a paper under a concealed name, some remarks on a paragraph which appeared in the Courier Newspaper, relating to a successful operation for cataract, performed upon Mr. Turnbull, by Mr. Adams the oculist. As the author of those "remarks" expresses himself in rather ambiguous terms, and as I was the mean by which Mr. Adams's name was affixed to the paragraph in question, I deem it proper to make you acquainted with the following circumstance, to obviate any obloquy which might be supposed to attach to him by those who may consider it improper for a professional man's name to appear in a public newspaper.

Having witnessed the extraordinary success of Mr. Adams's new operations on several of the Greenwich pensioners, who appeared at this office, I was induced to recommend my friend Mr. Turnbull, whose sight was rapidly impairing, to consult Mr. Adams. He lost no time in doing so, and submitted to the new practice on one eye, the sight of which was totally gone. In the short space of three days he recovered the sight of that eye, which was considered by a near relative of his so extraordinary, that he brought me the paragraph in question, requesting me to give it to the editor of one of the daily papers. The name of Mr. Adams was not affixed to the paragraph: I therefore added it of my own accord, under the impression that it might be the means of others deriving similar benefit to that which Mr. Turnbull had received. I gave it to the editor of the *Sun*, and to no other, from which paper I apprehend it was copied into the *Courier*.

JOHN BARROW.

Admiralty, April 13, 1814.

For

For the Medical and Physical Journal.

Extracts from a Discourse on the Disease called Tic Douloureux, read before the District Medical Society, at Boston, in April, 1812; by JAMES JACKSON, M.D.

(*Concluded from p.* 187.)

OF THE CURE.

DR. FOTHERGILL the elder, who was distinguished at once for humanity and professional skill, when he made his brethren acquainted with the character of this distressing disease, was at the same time enabled to direct them to a mode of relief, which in his hands had been almost uniformly successful. The medicine he employed was the hemlock (conium maculatum), an article which he was accustomed to administer more than most physicians of his own or any other age, and with the powers of which he was very well acquainted.

That eminent physician mentions three cases in which he employed this remedy with decided benefit; and says generally that after having once proved its efficacy, he always had recourse to it, and "for the most part with success."

Since his time, the character of hemlock, as an article of the materia medica, has very much depreciated. In regard to this disease, we can scarcely find on record a single case, in which this remedy has been thought to produce a cure, since Dr. Fothergill's publication on the subject. On the contrary, many declare expressly that the medicine has altogether failed to give relief. How are we to reconcile these contradictions?

As we must not too readily credit the account of any one man, who relates the virtues of a fashionable medicine; so, if such a man is of respectable character, we should not altogether distrust him, when the medicine has grown unfashionable. Dr. Fothergill could not be mistaken as to the facts, that his patients recovered of this obstinate disease, and that they recovered while using the hemlock. He might be in error when he attributed the recovery to the hemlock; but likewise he might have managed the remedy in some manner different from that of others.

It is remarkable respecting this remedy, more than respecting any other of which I know, that it produces different effects in different hands. I well remember that a very respectable physician told me, some years since, that he had seldom employed the hemlock with any advantage; but that one of his brethren in the neighbourhood had directed it in many cases with manifest benefit. These gentlemen are both

both of the first rank among us, and particularly worthy of being so.

This statement will authorise me to inquire, what are the reasons for the different reports we have from those who have employed the hemlock?

The first reason is, the difference in the preparations employed. In a vast many cases, undoubtedly, the preparation which has been used has been entirely inert. The inspissated juice which has been commonly kept by our apothecaries, has been imported from England, and has been very badly prepared.*

But there are other reasons for the different effects of this medicine in the hands of different practitioners. Some, restrained by fear, not only begin with a very small dose, but increase it so very slowly, that in most instances the constitution becomes gradually accustomed to its effects; and, as happens to old smokers of tobacco, a very large dose may at length be borne without any very evident consequences. Others fail from want of confidence in the medicine: they prescribe it, but do not watch over the patient, and direct the use of it from day to day, so as to make it do all it is capable of doing.

These remarks lead us to consider what is the best mode of using the hemlock.

The object is, in most and perhaps in all cases, where this medicine is given, to produce a sensible effect on the system. The medicine may be beneficial without producing any such effect; but, if it is not beneficial, we cannot be said to give it a fair trial, until we have some proof that enough has been

* Several years since I requested Mr. Bartlett, druggist, of Boston, to have some of the inspissated juice prepared in his own shop. This was done, and he has every year since prepared a small quantity for those who were willing to pay the extra expence of it. This has been prepared with great accuracy, and I have had repeated proof of its superiority to that in common use. I will take the liberty to mention a case which will illustrate this. I prescribed the inspissated juice of hemlock for a patient affected with jaundice. In three days she had increased the dose to thirty grains without any effect. I then found that by sending to the wrong shop, she had procured some of the imported medicine, which, however, looked very well. I directed the medicine to be procured from Mr. Bartlett's shop, and the dose to be diminished. This last caution was a very necessary one. She took ten grains without any effect; but fifteen grains of the medicine prepared here were enough for her. After taking this dose she was unable to stand, or even set up for an hour or two, and from that time the yellowness of skin and all the other symptoms of her disease began to abate.

administered

administered to produce an impression on the system. Now the quantity necessary for this purpose is very various. In some cases very small doses have been said to produce powerful effects. We are therefore obliged to begin with a small dose, and to increase this so far as the patient can bear it. It may be most prudent to begin with a single grain of the inspissated juice or extract, but then we may give five grains for the second or third dose; and afterwards we may add at least five grains to every dose, until we produce an effect on the system. But what are the effects on the system; and how soon will they appear? The most obvious effects of this medicine are displayed in its operation on the head and stomach. When given in a full dose, it occasions a slight nausea, a giddiness more or less severe, and often a loss of muscular power, so that the patient cannot stand up. It seldom does good, unless used in such a dose as to produce these effects in some degree, and indeed in as great a degree as can easily be borne.

These effects will begin to be evidenced in a very short time, if they are so at all. I will not venture to say precisely in what time; but I believe always in much less than two hours. Patients affected with neuralgia, who have taken this medicine during the paroxysms, have told me that when it produced any effect, this was manifested within fifteen or twenty minutes after swallowing it. I have therefore, in urgent cases, ventured to repeat the doses every half hour. I believe it must always be abundantly safe to repeat them once in two hours, if the patient and attendants are careful and watchful, and well-informed in regard to the effects.

My own experience of the efficacy of this remedy in neuralgia, conforms with that of Dr. Fothergill. It does not appear that he was obliged to give very large doses in any case; and it would seem that he did not repeat them oftener than twice in twenty-four hours. But he did not consider himself as having given the medicine a trial, until he had administered enough to produce evident effects on the system. For the want of success of others since his time I cannot offer any explanation, except that contained in the foregoing remarks.

In certain cases the sensibility of the diseased nerves had been destroyed by dividing the trunk of the particular nerve, from which the diseased branches proceed.

It is remarkable that this practice was conceived and adopted in both France and Great Britain, without being derived from one country to the other. A French surgeon, by the name of Mareschal, is said to have been the first who adopted this mode of treatment on the continent of Europe.

In England it was first proposed and adopted by Dr. Haighton, after he had discovered the true seat of the disease.

In the case* in which Dr. H. adopted this practice, the suborbitar nerve was diseased; and he divided this by one incision extended to the bone, and made at the distance of one quarter of an inch from the suborbitar foramen. Dr. H. thought the same mode of treatment might be pursued where the frontal branch of the first branch of the fifth pair was the seat of the disease; but he did not think this treatment applicable where the disease affected the third branch of the fifth pair, or the portio dura of the seventh pair of nerves. It appears, however, by a statement in Darwin's Zoonomia, that under the direction of Mr. Cruikshank almost every nerve of the face was divided in one instance, and with eventual success.

This mode of treatment is certainly to be advised in cases where the disease resists internal remedies. It is not infallible, for in some instances the nerve uniting, the pain has returned in a short time; in others, after a number of years.

I ought, perhaps, to add, that in France they have employed not only the knife, but also caustic, to destroy the nerve. This operation must be more painful than the incision, and at the same time less certain and less safe. For instance, the suborbitar nerve lies directly upon the bone: now it must be almost impossible to destroy this nerve by caustic without injuring the bone.

To both modes of division it has been objected that the parts which are furnished by the divided nerves will be paralized. In severe cases this cannot be a sufficient objection to the practice, since the same parts are worse than paralised by the disease. Besides, it is known that the nerves will re-unite, and their functions be restored in a short time.

It has been found that various stimulants have been usefully employed in the treatment of this disease. I must be brief in noticing them.

Electrical sparks and other local stimuli have afforded some mitigation in this most distressing complaint; and in one case electricity was thought to effect a cure.

Aqua Ammoniæ† was successful in the hands of Dr. S. Fothergill. I have tried the same, and once with success.

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* In this case the disease returned at the end of some years as stated by S. Fothergill, but with less violence. In other cases, however, it has not returned; in some it has. Yet, when it does, the operation may easily be repeated in case of the suborbitar nerve.

† Aq. Ammon. caust. vel pur.

Preparations

Preparations of zinc, silver, quicksilver, and arsenic, have been found useful in some instances. Two cures were effected by mercurial salivation in France. The disease was supposed to have had a syphilitic organ; but the evidence in support of this opinion is not conclusive. In other cases the use of mercurials has been thought to aggravate the disease. Arsenic is perhaps more worthy of further trial than any of the metallic remedies;—but in the present state of our knowledge it appears to me that the use of the narcotics deserves a fair experiment before any of those remedies.

I shall now, gentlemen, only beg your patience for a short time longer, while I read to you the cases of this disease which have fallen under my observation, and I will not detain you even to apologise for the undue length to which this discourse has been protracted.

Case of Mrs. O.—This patient came under my care about four years since. She was past sixty years of age. She had previously been subject to severe colic, fits of which were produced whenever she ate any flatulent food, particularly beans. This disease was, perhaps, connected with some hepatic affection, or with gall-stones, for one of the fits of colic was followed by jaundice.

When I saw her, she had been suffering with the pain in her face for about two years. The infra-orbitar nerve was distinctly the seat of the disease. The pain was often induced by a very slight touch, though she could bear hard pressure on the part. The disease was of the most unequivocal character.

I administered the aq. ammoniæ, the use of which had then been recently recommended by Dr. S. Fothergill. The dose was at first one tea-spoonful, but this was gradually increased to three tea-spoonfuls, and was administered three times a-day. This disease shortly after gave way, and the patient had a respite of some months; a respite longer and more perfect than she had enjoyed before, since the disease commenced. Yet at first I thought this might be accidental. At length the pain recurred with less severity, and yielded at once to the same remedy. I am not sure that it did not recur once more, slightly. The patient promised to let me know if the disease ever appeared again, and as she was very grateful for the relief she received, it is probable she would not forget this promise. It is now three years since I have seen her, and therefore I presume she continues well. I have lately inquired for her, and know that she is living, but I could not find her.

Case of Mrs. W.—This lady applied to me in the autumn of 1808, when she was about twenty-five years old. She had for some years been afflicted with pain on the right side of her face, which she had referred to her teeth, and all those in the upper jaw on that side, except the incisors, had been removed, with a hope of obtaining relief. The character of these pains, previous to the autumn of 1808, is uncertain. The pain was called *tooth-ache* at the time; but it must at least have been very severe to induce a young and handsome woman to give up so many teeth.

When Mrs. W. first applied to me, she had been suffering extreme pain for a month. The pain came on in the night much more than in the day, though not at regular hours. This was unlike the neuralgia. After I visited her, it occurred very often in the day, and gradually became less frequent in the night. The most constant seat of the pain was in the course of the sub-orbitar nerve; passing from the alveolar processes, the lips, cheek, and side of the nose, to the eye; that is, from the branches to the trunk of the nerve. When severe, it often extended itself, passing into the lower jaw, to the ear, over the forehead, and to the side of the head. The severe paroxysms were attended with a swelling of the gums of the upper jaw, which from the feelings of the patient seemed to be very considerable, but which on examination appeared to be very slight. The pain was sudden in its access, violent, darting, shooting, and consisted in strokes following each other in quick succession. Its continuance was various, but the dread of it was horrible; and the patient seemed unable to convey an idea of her agony. During the paroxysms the patient was quite unable to take food, and was very unwilling to speak. She tried to keep the cheek and jaw on the right side quiet, while she was speaking; yet the paroxysms were not often produced by eating or speaking.

I first gave a fair trial to the aqua ammoniæ. The dose was gradually increased to three tea-spoonfuls, and was administered three times a-day. Although the occasional remissions which always occur in this disease encouraged us to go on, yet eventually it appeared that this remedy was not adequate to the cure of the disease.

I then directed the conium maculatum, of which the inspissated juice (extract) was given twice a-day. The dose, which at first was small, was gradually increased, and it was repeated more frequently. Now and then it seemed to give relief, and the head would be a little affected. But the system seemed to become accustomed to the medicine very rapidly.

I conceived

I conceived that if the system could be made to feel the effects of this medicine suddenly and powerfully, there would be a chance of producing a real cure; a better chance than from giving a much larger quantity during a long space of time. Accordingly, after having exhibited the medicine for about a fortnight, and increased the dose to six and eight pills of five grains each; and having ascertained that whenever any sensible effect was produced, it took place within fifteen or twenty minutes after the dose was swallowed, I resolved on a bold trial of this medicine. I directed eight pills to be taken as soon as the pain should come on, and that the same should be repeated, at the end of twenty-five or thirty minutes, if the pain should continue, and the medicine should not affect the head or stomach. At this time the paroxysms of pain had become inexpressibly severe and very frequent. My directions were carefully followed. The intervals of pain were such as sometimes to prolong the intervals between the doses; but in the course of six hours, sixty* pills were taken, making three hundred grains. After the last dose, the patient was quite overcome by the medicine. She became dizzy and faint, and was unable even to sit up. She laid upon a sofa for some time, in a state of intoxication, but without suffering any very unpleasant effects afterwards. The respite from pain and from susceptibility of pain, was more perfect and longer than at any time for several weeks before. But the disease was not conquered: it returned the next day with considerable severity. I had directed the medicine to be repeated as soon as the pain should return, which was done, and in the course of the day forty-eight pills were swallowed. These gave entire relief, and affected the head, but not so powerfully as on the day before. The disease seemed now to be vanquished. This was in November 1808, and for two months the pain was not felt, except in very transient twinges, which were never repeated for any length of time. About the middle of January following, this lady walked out on an extremely cold day, and the disease returned before night with very considerable force. The hemlock was employed again, but in smaller doses at first. In three days the disease gave way, without having required very large doses of the medicine. Since that time it has never recurred; that is, during more than three years.

Case of Miss S.—I saw this lady in June 1809, when I learnt the following history. In the early part of the pre-

* The patient could not every time get down the whole of the eight large pills, so that some doses were seven and some eight; whence the whole came to be sixty.

ceding winter, she began to be affected with a pain in her face, without any preceding ill health. At this time she was not quite twenty years of age. The pain continued to trouble her excessively through the winter and spring. The principal seat of pain was the lower jaw, going back to the ear; but it often spread over the cheek, and sometimes to the temple. It was not in the teeth, for there was not any diseased tooth near the parts affected, and the pain was referred to the external parts, not to the bone of the jaw. This pain was described as excruciating in the highest degree, and as coming on suddenly in shoots and strokes.

I directed the tincture of hemlock;* thirty drops for the first dose; but ordered that the dose should be frequently repeated, and presently increased if relief were not obtained.

The patient took two doses, thirty drops each, the evening after I had ordered it, with great benefit. After this she was able to command the pain, but was obliged for this purpose to increase the dose very much. In a short time the pain left her. I did not see her for many months after my first visit in June; but learnt that she had a return of pain in the October following, which was relieved by hemlock.

Two years afterwards the disease recurred, viz. in August 1811, when she had been married, and was nursing a child then about four months old. The return of the disease was perhaps owing to debility, occasioned by the warm weather and nursing, which her system did not appear to support with ease. She again took the tincture of hemlock, but unfortunately was obliged to go out of town, so that I could not attend to the administration of the medicine. The dose was gradually increased to three hundred drops. It never gave relief except when it affected her head, and always when it did, as she afterwards told me. The disease yielded in two or three weeks after she commenced the use of the hemlock, and since that time it has not returned.

Case of Mrs. C.—This is a lady now in her 74th year, who has enjoyed unusual health through her life, and even now retains uncommon vigour, notwithstanding she has un-

* This was prepared in the same proportions as the tinct. digital. p. I have known it doubted whether the medicinal virtues of the hemlock are given out to proof-spirit. On this head I have obtained satisfactory evidence. In the above case, it will be seen that the head was affected, as when other preparations of hemlock are given. I have twice given this preparation in cases of icterus, as proposed by Dr. Fisher, and with unequivocal success. In one of these cases the head was made dizzy, and relief obtained by twenty-five drops; but in general much larger doses are required.

dergone

dergone extreme pain in her face for a long time. I was called to her on the 21st of February last. I found her under the utmost terror of the paroxysms of neuralgia of the face, so that she was unwilling to speak to me except in monosyllables, and the shortest sentences.

Her history was briefly this. In November 1809, she first experienced a pain in the upper jaw of the right side, not in a tooth nor socket, for she had lost all her teeth many years ago. This pain occurred when she was eating, but not from biting any thing unusually hard. She felt as if something gave way. Soon afterwards this pain occurred, and became more and more frequent and more severe. For many months (until the ensuing summer) she suffered excruciating pain, which was not confined to the jaw, but spread over the cheek, and at length to the whole side of the head, to the lower jaw, and to the palate. This pain was not constant; it was sudden in its occurrence and often so in its departure, of uncertain duration and frequency. It was brought on by the slightest touch in many instances, such as adjusting her cap, and even by the warmth of a hand approaching her. It was very often brought on by speaking and by eating, so that she kept herself as silent as possible, and has lived on a very small quantity of food, not thinking of gratifying her appetite. At one time she is said to have passed a fortnight almost without sustenance.

In this case the pain occurred equally in night and day. It was attended by a swelling of the gums in the jaw affected, and at times by a redness of the cheek. It was also accompanied by a hacking cough, as if the disease extended to the borders of the larynx.

Since the spring of 1811, she has been less frequently and less severely affected; but for the two or three weeks before I saw her the pain had been increasing in severity, and threatened her with sufferings as excruciating as heretofore.

This lady has had the advice of two of the most respectable, and the two oldest physicians now living in this place. Various remedies were ordered by them, but without benefit, as the patient reports.* I ordered the inspissated juice of the hemlock to be taken night and morning, beginning with one pill of five grains, and adding one pill to each dose. I intended, however, to administer this medicine more freely after seeing how the patient bore it. In three days the patient began to experience some relief, and in eight days she

* I have learnt since that the conium mac. was ordered, but from some circumstances never taken, at least only three pills, which the patient fancied to hurt her.

declared

declared that she was almost free from pain, though the parts continued very sensible. From that time she has not had any pain of any consequence, and considers herself almost as one restored to life, as she had, before using the hemlock, quite despaired of ever obtaining relief from sufferings too severe for utterance.†—*New-England Journ. of Med. and Surg. April* 1813.

For the Medical and Physical Journal.

Case of partial Perspiration.

I SHALL esteem it a favour if you will insert the following case in your Journal.—A neighbour of mine has something in his constitution different from what I have ever met with. When he works he generally sweats profusely on the right side; it takes one half of his face and of his body, so that you may see the sweat pouring down in large drops, while at the same time his left side is cool and dry; and when he eats the perspiration changes to the left side, with as great a profusion as before, while the right side is perfectly dry. Thus by working and eating it alternately changes from right to left and left to right, but he never perspires all over his face and body at the same time. If any of your correspondents can account for this phenomenon in nature, it will much oblige A. C. R.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

On impeded Deglutition, produced by Organic Derangement of the Œsophagus. By Dr. HEINEKE.

THE incapacity of introducing food freely and easily by means of the gullet into the stomach, constitutes a disease equally terrible in its effects, and difficult to remove.

The cause of this disorder is either of a transitory or permanent kind; and in the latter case, some organic derangement is generally present, either in the œsophagus or the neighbouring parts; which, contracting, fills up the passage.

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† This lady had one slight attack in May or June last, and was immediately relieved as before. The other patients have not had any return of the disease. March, 1813.

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As long as this complaint is transitory in its nature, hopes of its ultimate removal may reasonably be entertained; but these attacks must be attended to at an early period of the malady, and the treatment adapted to the cause of the disorder, otherwise by their frequent recurrence permanent organic disease is produced; to combat which, all the efforts of art prove totally unavailing.

But it occasionally happens that some mechanical impediment being actually present in or near the œsophagus, the introduction of food is effected with facility at some moments, although at others not a morsel of solid, nor one drop of fluid nutriment can be got down. The latter case frequently misleads medical men, by offering some grounds for hope, which, however, almost always prove fallacious.

The case which I now offer to the public was of this latter kind. There were intervals during which we were induced to conclude, and not without some reason, that the disease was removed, and yet important, and most probably incurable organic disease was present. The co-operation of an occasional cause must be supposed to have then occasioned the contraction of the œsophagus, which was never so much affected by the organic obstruction as totally to impede the passage of nutriment.

The patient was a man 47 years of age, who had never been afflicted with any considerable malady, and enjoyed tolerable good health. At times, indeed, he was subject to rheumatic cephalalgia, which was mostly very violent.

This state of health continued till nearly a year before his death. About this time several unpleasant events rapidly succeeding each other, produced a very irritable and melancholy state of mind, which, however, did not seem to affect the functions of the body.

But a circumstance happened, which for a considerable time he did not think worthy of his attention. He occasionally felt some difficulty in swallowing, and resistance to the passage of the food into the stomach, which was sometimes rejected, mixed with mucus.

Three months nearly elapsed before he felt any other inconvenience from it, excepting that of sudden inability to swallow, even when eating with the best appetite.

Whole days elapsed, during which he felt nothing of this complaint; on others he could scarcely take any nutriment; and if he swallowed solid food, he could only do it by washing it down with fluids.

He likewise felt an unpleasant pressure upon the chest, about the middle of the sternum, which was increased on swallowing food; he conceived also, that the impediment to deglutition lay thereabouts. He then first had recourse to medical advice.

The only idea which could arise in our minds from the symptoms then present, was that of an organic obstruction of the œsophagus, co-operating with occasional irritation to produce *impeded* deglutition.

Thickening of its coats, their distension, schirrosity of the bursæ mucosæ, or even polypous excrescences, seemed the probable cause

of this obstruction. But as there were evident intermissions between these symptoms, the idea of an occasional irritation in the œsophagus from some unknown cause could not be suppressed.

What next struck our attention was the rheumatic diathesis, which seemed to have principally produced the violent attacks of headach. This latter affection had, at this time, almost entirely left that part; but yet occasionally produced pains in the limbs, which, however, were only of transient duration, and constantly varying their seat. The *tinctura antimonii saponacea* was prescribed, and seemed to agree very well with the patient, and to be productive of beneficial effects, as the pressure on the chest was diminished, swallowing rendered less difficult, and the attacks of the disease much less frequent in their occurrence. Encouraged by the above favourable appearances, the use of this remedy was persisted in for several weeks; at last, however, as it failed of producing its beneficial effects, the administration of other medicines was deemed requisite; for the pressure upon the sternum was greatly increased; and the difficulty of swallowing so much augmented, that the patient frequently was unable to take any nutriment for several days; he of course suffered greatly, and evidently lost both flesh and strength.

Small doses of calomel with *cicuta* were now had recourse to, blisters were applied to different parts of the body, *oleum cajeputi* with *tincture* of *Spanish flies* and balsamics, were rubbed in upon the chest, &c. which was also covered with a warm plaster.

The use of these remedies was also attended with beneficial consequences. The food passed more freely; the vomiting and pressure of the chest were removed; a more copious perspiration was elicited during the night time; and more violent and continued pains of the extremities came on. We were prevented from joining the tepid bath with these, by the severity of the season. The administration of the mercurial was continued for some short time. The taraxacum and acetated tartar were also occasionally given. The violence of the disorder seemed to abate considerably, as the patient felt much easier; could sometimes eat without impediment, and even return to his usual occupations.

As perseverance in the mercurial course did not seem likely to be of any service, but rather to prove hurtful to the digestion, it was discontinued, and in its stead a mixture was prescribed, composed of extract of taraxacum, and of carduus benedictus, with aqua laurocerasi and aqua aurantiorum; which was employed with apparent benefit for above a month.

The aqua laurocerasi seemed particularly useful; for on increasing its dose, till nearly a drachm was given each time, all symptoms were again alleviated.

This amelioration was, however, not permanent; for even in the beginning of December there were times (and this happened almost daily) when it was not only impossible for him to swallow any nutriment, but it was also observed, that all the food, when it reached the place where the stricture of the œsophagus commenced, was rejected with considerable violence, intermixed with mucus. The

spasmodic

spasmodic nature of these attacks was so evident, that I resolved upon trying the belladonna, as a remedy particularly operating upon the gullet; the powdered leaves were accordingly given in the dose of a grain three times a-day. No change for the better was however observed; the violence of the symptoms, on the contrary, increased daily.

On account of the favourable appearances which had been perceived during the employment of the calomel, its use was resumed. Six grains were directed to be taken every twenty-four hours, together with camphor, and small doses of opium; and a blister to be applied to the chest.

The decrease and alleviation of the malady consequent upon the employment of these remedies was apparent. No appearance of the disease was observed during several days, the patient ate and drank as when in health; on this account, the same plan was persevered in, without any material alteration during the whole month of December. But the mercurial was then observed to affect the gums, whence it became advisable to omit its use. As rheumatic pains of the joints were moreover observable, and the strength of the patient seemed to be impaired, an infusion of valerian with camphor, *acetite* of *ammonia*, and *extract* of *aconite* was prescribed, and given alternately with similar remedies, such as seneka root, *liquor cornu cervi succinatus*, *tinctura moschi artificiali*, and opium, &c. according to circumstances. The chest was covered with *emplastrum de galbano*, with the addition of sal. cornu cervi and opium. The above-mentioned favourable appearance of the disease did not only maintain its ground under this plan, but also the pleasing symptoms were daily augmented, so that we had much reason to hope for a final removal of the disease.

This intermission of the disease, however, like the preceding ones, was but of short duration; for by the latter end of January the disorder again increased to such a degree, that the patient was frequently unable to swallow any kind of food for twenty-four hours; he also suffered during these periods from cramp and unceasing pain in the stomach. A mixture of *assafœtida*, *castor*, and *opium*, given internally, and assisted by the friction of *oleum cajeputi* and opium, upon the region of the stomach, afforded momentary relief from the last-mentioned symptoms, without, however, preventing their recurrence.

My friend, Dr. Albers, was now kind enough to visit this patient with me, and to assist me in the treatment of his complaint.

We determined, as his opinion of the nature of the case exactly coincided with my own, to have again recourse to the use of calomel, in combination with *calcined zinc*, the warm salt-water bath, and the application of blisters to the legs.

A few days after this treatment had been acted upon, the impediment to deglutition was so far removed, that the attacks came on but seldom, and were of short duration; the pains and spasms of the stomach were totally removed. The rheumatic pains, on the other hand, became more frequent, particularly in the left leg, and

were often so violent as to deprive him of sleep during the night-time. After each immersion in the bath, copious perspiration came on, which afforded great relief to our patient, who, comparatively speaking, felt very well; the appetite and digestion were good, the evacuations regularly performed, and the pressure upon the chest, which had hitherto remained constant, was now entirely removed. In order to produce more effect upon the skin than could be done by means of the before-mentioned baths, whose beneficial influence upon the local malady, by bringing forth the rheumatic affection to the extremities, was evident, the caustic alkali was mixed with the water of the bath, instead of the table salt, which had been previously employed.

A few days after the employment of these lixivious baths, a powerful re-action came on in the vascular system; considerable febrile action, increased perspiration, and the rheumatic affection of the external parts, particularly of the legs, was induced; and the original disease was but rarely troublesome.

These baths were employed for about a fortnight, and as the mercury again affected the gums and salivary glands, it was omitted, and the employment of the calcined zinc, camphor, and extract of aconite, with the occasional use of opium to mitigate pain, was persisted in. The febrile symptoms now became so violent as to endanger the patient's strength; on this account it was thought advisable to discontinue the use of the bath, and to exhibit internally salep, with elixir of vitriol; costiveness was obviated by gentle laxatives formed of tamarinds, &c.

The fever still continued to gain upon us, notwithstanding the above measures, assuming a synochal character, with a full, hard pulse, great increase of temperature, violent pains in the extremities, without any apparent diminution of strength, or locomotive power.

This state of the disease evidently demanded the use of antiphlogistic, cooling remedies, and the febrile action was after some time considerably lessened by this administration.

During several days our patient found himself remarkably better; slight symptoms of the stricture of the œsophagus were sometimes, though very rarely, remarked.

The scene was, however, suddenly changed, for a violent pain of the stomach, with vomiting of a yellowish, bitter-tasted substance, together with intolerable anxiety and oppression came on. A gentle emetic, consisting of a solution of emetic tartar with castor, evacuated a very large quantity of this greenish yellow substance, which greatly relieved our patient. A mixture composed of citrated kali and tamarinds, produced stools containing the same substance, with like beneficial effect.

A bitter infusion with acid elixir, administered with a view of strengthening the stomach and system, would not agree with the patient; the pressure upon the stomach, and anxiety being increased by it.

The continued inclination to vomit, the bitter taste in the mouth,

and foul tongue, evidently shewed the existence of derangement of the biliary system; to remove which became now our principal object. The remedy that appeared most likely to answer this purpose was ipecacuan, and it was accordingly given in the dose of half a grain every hour. We attained our purpose inasmuch as the sickness and bitter taste disappeared, the foulness of the tongue was removed, and some degree of appetite returned. His former sufferings and total *insomnia*, which had continued for upwards of a fortnight, had greatly impaired the strength, and increased the irritability of his system, and affected the brain, so that the patient was restless, uneasy, and delirious; and slight convulsive attacks, with subsultus tendinum, were frequently observed. The pulse was at that time small and weak, though frequent, and indicative of irritation; considerable febrile action came on in the evening. The pain of the limbs, especially of the legs, which had hitherto been pretty violent, was now scarcely perceptible.

A saturated infusion of valerian, with liquor cornu cervi succinatus, and small doses of opium, was now administered; and about twelve hours after their employment, the disease again assumed a favourable turn. A tranquil sleep ensued, which afforded much relief, with evident increase of strength, and a natural, nearly healthy pulse; all the spasmodic symptoms, and the disorder of the gastric system, had totally disappeared. The employment of the valerian, &c. was continued, omitting, however, the opium.

This amelioration was unfortunately but of very short duration; and our patient was again attacked by an unpleasant pressure and fullness about the præcordia and hypochondria, together with great anxiety and difficulty of respiration. These circumstances, and the concomitant constipation, which could not be totally removed even by clysters, occasioned us to prescribe the infusion of valerian with tincture of rhubarb and extract of taraxacum.

This medicine opened the bowels effectually, and afforded relief; but the following night a vomiting of blood came on, the appearance of which was at first black, coagulated, and lumpy; afterwards dark brown thick grumous matter was thrown up, the latter in large quantities. Salep with acid elixir was then administered; the sanguineous vomiting nevertheless continued equally copious and violent for twenty-four hours. The patient's strength decreased rapidly, and death soon closed the scene.

On the day after the patient's death the body was opened and examined. No external preternatural appearance was observed in the extremely emaciated body of the deceased, excepting a swelling about the size of a walnut, at the upper part of the sternum, which, as was afterwards seen, had produced caries, terminating in the destruction of that portion of the bone.

On opening the cavity of the thorax, the lungs, which adhered in all points to the pleura, were of a preternatural colour, and covered with small hard tumours, which were also found in great quantities in its substance. The heart and pericardium were healthy, the latter containing a small quantity of fluid.

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On inspecting the abdominal cavity, the intestinal canal, pancreas, &c. presented no morbid appearance. The stomach was unusually large, but healthy in its structure. The liver was of an uncommon magnitude, and covered with tumours similar to those which were observed in the lungs. Its substance was exceedingly hard and tough, its colour dark yellow, very dissimilar to that it presents when free from disease. The gall-bladder contained nothing but thick bile; the *ductus choledochus communis*, and other biliary ducts, were healthy and free from obstructions.

In order to ascertain the proximate cause of the impeded deglutition, the stomach, œsophagus, and trachea, were separated and taken out. A considerable mal-conformation of the gullet, which was filled with coagulated blood, was now observed, the middle and upper part being greatly widened; the lower, on the contrary, as remarkably contracted. In order to investigate with greater accuracy the causes of this change, it was carefully separated from the trachea. We now found, that on the spot where the windpipe divides into the two great bronchial branches, there was situated a hard schirrous tumour, about the size of a half-crown, and half an inch thick, which compressed the œsophagus entirely. This alone would have sufficiently accounted for the difficulty in deglutition; but with a view to be certain whether the internal texture of the gullet had been changed, it was examined, when an appearance was observed of a very singular kind. The internal surface was of regular and healthful structure and colour, except on the superior portion of its tunica villosa; the remaining portion, to within the distance of two fingers' breadth from the upper orifice of the stomach, was covered with a red, fleshy, and in some places schirrous mass, which so considerably filled up, and narrowed the calibre of the œsophagus, that a small quill could with difficulty be passed through it. This was much harder and thicker towards the inferior extremity of the œsophagus, where it projected like a thick fleshy tongue, nearly closing the canal. The mass was hardest where the above-mentioned external schirrous induration between the œsophagus and trachea was situate. For nearly the length of two inches below this preternatural conformation, the œsophagus regained its healthy appearance, and descended in that manner into the cardia.

Case of Suppression of Urine from Stricture, succeeded by Gangrene of the Arm; by S. MARSHALL, Surgeon, Leeds.—J. E., an old worn-out quarter-master, while at sea, complained, on the 15th of May, of an inability to pass the bougie, (which he had been long in the habit of doing himself, on account of several strictures in the urethra,) in order to empty the bladder. I attempted, for some time, to introduce bougies of various sizes and forms, as well as catheters, but all to no purpose. As the belly was now become tense, from the fulness of the bladder, and the patient was in severe pain, I gave directions for the warm-bath to be prepared; but as this was likely, from the gallery-fire having been put out, to occupy a considerable

a considerable portion of time, he was put to bed, and ordered a draught of thirty drops of laudanum, and in two hours this dose was repeated, soon after which he fell asleep. I now began to revolve in my mind which would be the most eligible mode, on the failure of the warm-bath and other means, with the increased urgency of the symptoms, of puncturing the bladder. The great height, however, of one of the strictures, and the probable disease of the prostate gland, rendered the very simple and ingenious method recommended by Mr. Astley Cooper impracticable, and I determined on that by the rectum. But, happily, during the sleep of the patient, the bladder was in part emptied involuntarily; and, on waking, he was enabled to pass the bougie as well as ever, and complete the evacuation. Thus far the issue of the case was favourable; but the poor fellow only escaped this operation, by and bye to undergo one, in his present state of debility and emaciation, rather more formidable. He passed a tolerably easy night, discharging a little urine frequently; but in the morning, on wakening, found the use of the right arm entirely gone. On being called to him, I found the whole cubit benumbed, cold, and stiff, and not the least pulsation of the brachial artery to be perceived in any of its course; nor was I more successful in feeling that of the subclavian, in passing over the first rib. The limb, above the elbow also, was robbed, in a great measure, of its vital heat, though not so completely as the lower portion. The hand and fingers, in particular, were completely dead. The pulse of the opposite wrist was at the same time very feeble, and his general debility very great. This I immediately began to combat with a more generous and fresh diet, wine, bark, and opiates; ordering the limb affected to be constantly stuped with warm fomentations, alternated with a strong solution of camphor in rectified spirit; but the vital warmth was gone for ever; and in spite of the unremitting exhibition of a variety of the most powerful stimuli, external and internal, the fore-arm continued entirely devoid of sense. On the third day, the fingers became livid, and soon after, by degrees, the whole hand was also discoloured. At this time he complained of soreness from the elbow to the wrist, soon after which the latter part became also livid. On the 30th of May, (having waited some time for the line of separation forming between the mortified and sound parts, and this having now manifested itself in numerous vesicles, and an irregular kind of sulcus, a little below the elbow,) I suggested to the old man the propriety of amputation; but must confess, that my motive for this step was rather the removal of a nuisance, which, from its intolerable stench, had for some days distressed the whole crew, than any expectation of seeing my tottering patient recover after it; indeed, I had, for some time, been prepared for his sinking under his excessive debility. I, however, seized a favourable opportunity, when his vital powers were somewhat recruited, and performed the operation, with the assistance of my mate, and the purser; making the first incision a little above the elbow, and finishing it, with the loss of but about two drachms of blood. The result turned out far beyond

beyond my expectation. On the fourth day the wound was in some measure healed by the first intention, and in a month was firmly and completely cicatrized; and the old man, although in rough squally weather, and near the close of a long voyage, was in better health than he had been for a long time, insomuch that he was able to resume his post in directing the steersman.—*Edinburgh Med. and Surg. Journal.*

Biographical Memoir of M. CABANIS, *by* M. GINGUENÉ.—Peter John George Cabanis, distinguished by his talents as a physician, a philosopher, and a man of letters, was the son of John Baptist Cabanis, who had been brought up to the profession of the law, but who had latterly devoted himself to agricultural pursuits, and was born at Conac, in 1757. Placed at the age of seven under the care of two worthy clergymen, who were brothers, and of whom the one had resigned his living to the other, "he already shewed indications of talent, and evinced, in particular, a degree of steadiness and perseverance which gave reason to hope, that, if he pursued a proper path, he might have some success in the world."* At the age of ten, he was removed to the college of Brive, then under the superintendence of doctomists. "Even before he quitted the lower classes, it was easy to perceive that harsh treatment did not succeed with him; and some ill-timed severities began to give a degree of obstinacy to his character, which adhered to it for a long time." In the second class, however, he took a different turn: under the tuition of a master, as good and amiable as he was well informed, he became docile and studious from motives of affection; acquiring a lively taste for literature, and a sort of passion for the great masters of poetry and eloquence which were put into his hands. His year of rhetoric did not pass so well. Disgusted with the severe treatment which he received from one of the directors of the seminary, he was carried along by the violence of his disposition; his stubbornness returned with twofold force; he was guilty of several provocations towards his masters; he even allowed himself to be accused of a crime which he had never committed; at length he exhausted the patience of his teachers, and was sent back to his father. But he found the harsh usage he met with under the paternal roof more insupportable even than that from which he had just escaped. "His mind revolted from it, and his temper became still more soured, till at last he attended to nothing. At the end of a year, however, his father saw that it would be necessary to adopt some other method with him than that of severity: accordingly, he took him to Paris; and soon perceiving that his superintendence had no beneficial influence on his son, he left him to himself, in the midst of that great city, at the age of fourteen. The expedient was perilous, but it was attended with complete success. Cabanis no

* This, and some of the following passages marked with inverted commas, are taken from a sketch of his life, written by Cabanis himself, which is preserved in his family.

sooner

sooner felt himself free from the yoke, which all his faculties had been strained to shake off, than the taste for study revived in him with a species of furor. Little assiduous in his attendance on the professors of logic and physics, he read Locke, and followed a course of lectures by Brisson, while in his leisure hours he renewed his acquaintance with the different branches of his early education. Two years passed with him like a single day, in the company of the Greek, Latin, and French classics, and in the society of certain of his fellow-students, in whom the same taste for letters was combined with amiable manners." While thus engaged, he unexpectedly received a letter from his father, recalling him to the country, and almost at the same time had an offer made to him of the place of secretary to a Polish nobleman. "Having to decide between the choice of a distant journey, which would derange his studies, but left him the hope of resuming them, and a state of complete retirement in the bosom of his family, where the developement of his talents would have been checked for ever, he did not hesitate long: at the age of sixteen he resigned himself into foreign hands, and went by sea to visit a country which had been represented to him as half savage." This was in 1773, during the Diet, in which it was attempted to obtain the consent of the Poles to the first partition of their country. The expedients of terror and corruption which were employed on the occasion, presented a sad spectacle to him, "which inspired him with an early contempt for mankind, and a melancholy which his natural good sense had great difficulty in conquering." After an absence of two years, and at the age of eighteen, he returned to Paris. Turgot, the friend of his father, was at that time minister of finance. He was presented to him, and kindly received by him; and was promised an appointment suited to his talents and his taste, when an intrigue at court displaced the minister. A premature experience, little calculated to give him a relish for the world, and the acquirement of the German language, were the only fruits of his travels. It was requisite to make up for this loss of time, which he resolved to do without delay; and his father, having become more sensible of the necessity of seconding his endeavours, assured him the means of living for two or three years more. Cabanis asked for nothing further. He was united by friendship with the poet Roucher, who was then in great celebrity. This connection revived his taste for poetry; and the French Academy having offered a prize for a fragment of a translation of Homer, Cabanis not only aspired to the reward, but determined to undertake an entire translation of the Iliad. The two pieces which he transmitted to the Academy were not so much as noticed by that body, but several men of taste judged favourably of them; and the passages which were inserted soon afterwards in the notes to the poem of *Les Mois*, obtained universal approbation. The introduction to society which these performances procured him, the invitations to recite his compositions, and the applause of certain persons who were then the dispensers of fame, did not long fascinate him. The blank of this mode of existence increased his melancholy:

an excessive application to study produced a considerable derangement of his health; he had no certain prospects before him; and his father was urging him to fix on some useful profession. At last he decided to follow that of medicine, "of which the varied studies offered ample scope for the activity of his mind, and of which the practice requires continual bodily exercise, now become a matter of indispensable necessity to him. His bad health had even some influence in this determination; and he was still further strengthened in it by Dr. Dubreil, to whose advice he had had recourse, and who offered himself as his guide in the new career into which he was about to enter." Cabanis laboured six years under this able master; following him to the bedside of his patients both at the hospital and in his private practice, consulting him about every thing which he saw, and about every thing which he read, and allowing himself to be diverted from his studies by nothing but the cares which his health required. These rendered a residence in the country necessary, and the profession which he had embraced, and was ardently devoted to, required it to be in the neighbourhood of Paris: he made choice of Auteuil. It was there that he became acquainted with the widow of Helvetius, "with that excellent and respectable woman, who since has always treated him as a mother, and whom he has loved as a tender and affectionate son. It was in the society of Madame Helvetius that he continued to cultivate the acquaintance of Turgot; that he became known to d'Holbach, Franklin, and Jefferson; and acquired the friendship of Condillac and Thomas. It was at the house of Turgot and of d'Holbach that he lived many years on a footing of familiarity with Diderot and d'Alembert, and other distinguished men of letters. On the occasion of Voltaire's last visit to Paris, he was introduced to him by Turgot, and read to him some passages of his translation of Homer. The old man, though fatigued and infirm, appeared to listen to them with interest; he praised them much, but it must be confessed, that it was almost always at the expense of the original." Cabanis had for a long time abandoned the prosecution of this undertaking. Absorbed in the studies and labours of his profession, he had entirely renounced the belles lettres; "and his renouncement was so complete and decided, that he spent several years without permitting himself to read a passage of Homer, Virgil, or Racine." He bid adieu to poetry by his *Serment d'un Medecin*, which is a free imitation of the Oath of Hippocrates. This little piece, which was composed in 1783, is valuable, as affording evidence of what his sentiments then were. He became confirmed in them more and more in proportion as the revolution drew near; and when it had broken forth, he shewed himself as much attached to the principles on which it was founded, as he was hostile to the atrocities by which it was sullied. In 1789, he published his *Observations on Hospitals*, before he had been appointed commissioner of those of Paris. Congeniality of sentiment, and mutual connections, had rendered him intimate with Mirabeau. The genius of that extraordinary man, of whom so much good and so much evil

may

may be said, levied contributions from the pens of several men of talent, who were content to resign to him their ideas and their performances, in the persuasion that he would only use them for the general good. Cabanis, having connected himself with him, considered it his duty to join this disinterested association; and it was to him that Mirabeau was indebted for the *Essay on Public Instruction*, which was found among his papers after his death, and published by Cabanis himself in 1791. In his last illness, Mirabeau would have no other medical assistance but his; he died, in a manner, in his arms; and Cabanis shortly after published the *Journal of his Illness and Death*. This attachment, and the accusations of various descriptions which were raised against the object of it, exposed Cabanis himself to much unjust reproach. It is easy to perceive, that the fascination of great talents, the seducing influence of amiable qualities, the admiration with which ideas replete with grandeur and dignity could not but inspire him—it is easy to perceive, that all these circumstances had produced an illusion on his senses, which nothing could dispel, and that the purity of his own mind had rendered him incredulous as to every thing which could sully the memory of the man who had died his friend. Another intimacy which he formed, which was still more strict, and which does not demand the same apology, was that with Condorcet. "Previously to the revolution, he had met him, at Turgot's, at Franklin's, and at the houses of some others of their common friends. Relations of a more intimate nature tended afterwards to confirm the friendship with which personal esteem, and admiration of his great acquirements, had originally inspired him. The misconduct of the revolutionary government, and the horrible persecution to which Condorcet was subjected soon after the 31st of May, strengthened their friendship still more; but all endeavours to save the latter from his unhappy destiny were vain; and, at the fatal catastrophe, Cabanis had only the consolation of receiving the last compositions of his unfortunate friend, and collecting his last wishes in regard to his wife and child. It was shortly after his death, that Cabanis married his sister-in-law, Charlotte Grouchy, sister of the general of that name, and of Sophia Grouchy, the widow of Condorcet." To this union he owed the happiness and the consolation of the remainder of his life. In the third year of the republic, after the reign of terror, when the Central Schools were established, Cabanis was named Professor of Hygiene to the School of Paris; in the year IV, he was elected Member of the Class of Arts and Sciences of the National Institute; in the year V, he was appointed Professor of Clinical Medicine at the Medical School of Paris; and in the following year he was chosen as a representative of the people in the Council of Five Hundred; he continued in this situation till the revolution of the 18th of Brumaire in the year VIII, soon after which he was named one of the members of the Conservative Senate. For some years, however, his health had been becoming more and more infirm; his sensibility, which was naturally so quick and lively, had been increased by continued study and attention to business. In

the spring of 1807, after a gentle sleep, he was seized with apoplexy. Fortunately, M. Richerand was just coming into the house at the time, and by his prompt assistance, the disorder was soon stopt in its course; but after this attack, Cabanis was obliged to forsake his studies, and to confine himself more than ever to retirement in the midst of his family.

The vicinity of Paris exposing him to frequent visits, he left Auteuil, and went to reside at the country seat of his father-in-law, M. de Grouchy, twelve leagues from Paris, near the small town of Meulan. He passed all the summer there. The exercises of riding and sporting seemed to be of service to him; he returned by degrees to his books; and had some hopes that he would be able to revise and finish his translation of Homer. In the exercise of his benevolence, however, he found the most agreeable employment of his time; people came to him from all quarters to consult him for poor patients: sometimes he went to visit them himself; and when unable to do this, he gave them advice and pecuniary assistance; being seconded in these acts of beneficence by a nephew, the admirer of his talents, and the imitator of his virtues.

Towards the close of the year, instead of returning to Auteuil, he removed only a little nearer to Meulan, taking a house near the little hamlet of Rueil. He there passed the winter, engaged in the same pursuits, but experiencing more frequent attacks of his complaint, which increased his weakness, and warned him of his approaching dissolution. He would speak of it, and always with perfect composure, and with an affecting tone of melancholy. At length, on the 5th of May, 1808, on returning from a walk, during which he had been engaged in a most affectionate conversation with his wife, he went quietly to bed, slept a few hours, and about one o'clock of the following morning had a fresh attack, which carried him off, notwithstanding the most speedy assistance that could be procured. Thus died, at the age of about fifty-two, one of those men who have united in the highest degree eminent intellectual talents with the virtues of the soul, with nobleness of character, and with the most exquisite goodness of heart. This last-mentioned quality, which governed all his conduct, also pervades the whole of his writings. There is not one of them which does not appear to be dictated by an ardent philanthropy, and by a desire to render his fellow-men better and happier. The only work of his which can be considered as purely literary, is entitled *Melanges de Literature Allemande ou Choix de Traductions de l'Allemand, &c.* 8vo. Paris, An V, (1797.) It is dedicated to Madame Helvetius, and contains nine pieces, of which six are translated from the German of Meissner; a dramatic work by Goethe, entitled *Stella;* a translation of Gray's *Elegy in a Country Church-yard;* and *The Death of Adonis,* from the Greek of Bion. Shortly after he published a work on medical philosophy, in which he examines *The degree of Certainty that is to be ascribed to Medicine,* 8vo. Paris, 1797; reprinted in 1802, with a new edition of his *Observations on Hospitals,* and the *Journal of Mirabeau's Illness.* On this work

work we find some remarks by a physician of considerable talent and repute. "The question concerning the certainty of medicine," says M. Pariset, "involves another, viz. Whether there is such a thing as medicine? On this question Cabanis has collected all the most specious arguments which the enemies of the science have ever urged against it; and after having displayed them in all their force, he successfully refutes them, and confounds his opponents with their own weapons. As medicine is nothing more than the art of operating on the human frame in a certain manner, and with certain views, and as every thing in nature has this agency, it is clear, that if there can be any doubts on the subject, it is not so much, whether medicine really exists, as whether it would be possible for it not to exist. With regard to the original question, viz. Whether it be possible to reduce this operation on the human system to certain fixed and invariable rules, and to produce at will such and such an effect, it is evident that this question is much more difficult of solution than the former, and that the certainty of which we are in quest, resolves itself into a greater or less degree of probability, or a greater or less approximation to demonstrative truth; in which respect the science of medicine resembles the other sciences by means of which man is influenced; as, for instance, the science of ethics, and its two principal subdivisions, legislation and politics. It cannot be denied, however, that this dissertation of Cabanis bears the stamp of a mind accustomed to handle the most delicate problems, and to trace the solution from amidst all the elements that obscure it."* Under the title of *Coup d'Œil sur les Révolutions et sur la Réforme de la Médecine*, Cabanis produced a work in which the various doctrines of the great men, who have, at different periods, influenced the progress of science, are explained and illustrated, with an analytical talent, and by such judicious comments, as render this work itself an instrument of reform and improvement. He has also left, 1. A treatise of no great extent, but highly esteemed by professional men, entitled *Observations sur les Affections Catarrhales en general, et particulierement sur celles qui sont connues sous le nom de Rheume de Cerveau, et Rheume de Poitrine*, 8vo. Paris, 1807. 2. Several essays on subjects of philosophy, politics, and other sciences, in different literary journals, and among others in the *Magazin Encyclopedique, a Dissertation on the Punishment of the Guillotine*, controverting the opinion of Sœmmering and Sue, who regard this mode of punishment as extremely painful, and even think that the pain is felt after death. 3. In the political journals, especially in the Moniteur, several *Speeches* delivered in the Tribunate and in the Council of Five Hundred. But the great work of Cabanis, and the most solid monument of his fame, is that in which he explains the *Relations of the Physical and the Moral Constitution of Man*. Six out of the twelve memoirs of which it consists, were

* Notice historique et litteraire sur Cabanis, lue à l'Athénée de Paris.

originally

originally printed in the two first volumes of the *Recueil de l'Institut National, Classe des Sciences Morales et Politiques;* they were republished with the six last, in 2 vols. 8vo. Paris, 1802; and in the following year a second edition appeared, with corrections and additions by the author, accompanied with a Systematic Analysis and Recapitulation, by the Senator M. Destutt Tracy, and with an Alphabetical Index of the Authors and Subjects, by M. Sue, Professor of the School of Medicine at Paris. This work occasioned some animadversions, from which the formal declarations of the author in different parts of his work ought to have saved him. "Some persons," he observes in the preface, "have appeared, as I have been told, to apprehend, that this work was designed, or calculated, to subvert certain doctrines, and to establish others in their stead, with respect to the nature of *first causes;* but that is certainly not the case, and with a little reflection and candour, no one can seriously believe it. The reader must often remark, in the course of the work, that we consider these causes as beyond the sphere of our research, and entirely inscrutable by the faculties of investigation with which man has been endowed along with life. We here make this explicit avowal of our sentiments on this point; and, if it were necessary to say any thing further with regard to questions which have never been discussed with impunity, it would be extremely easy to prove, that they cannot become either the subject of examination, or even a subject of doubt, and that the due employment of our reasoning powers leads us only to a state of insuperable ignorance with regard to them. We shall therefore resign to more confident, or if they chuse rather to be termed more enlightened minds, the task of investigating, by paths which we consider as shut to us, the nature of the principle which animates living bodies, &c." Assuredly, the spirit of true philosophy never spoke with greater circumspection, modesty, and wisdom. But whatever may be the nature of the living principle, it acts, and operates within us. In what manner does it so act? What part of our frame is the principal seat of its action? What are its operations? These are the questions which Cabanis endeavours to determine. Locke was the first who cleared the way for this inquiry, by clearly explaining and establishing the old fundamental axiom, *that all our ideas are derived from our senses, or are the result of our sensations.* Condillac enlarged and improved the doctrines of Locke. His disciples have improved upon them still further; and some of them have corrected, in several material points, his view of the processes of the understanding: but there was still wanting a more complete examination and exposition, than had been given by Condillac and his school, of the functions and the developement of the organs which are subservient to the formation of ideas. *All our ideas are derived from our senses.* Granted: but in what manner are they so derived? and how do our sensations produce ideas? These questions, it is obvious, belong entirely to the province of physiology; and it is by collecting all the facts which the progress of this science in the present age has furnished, that our author endeavours to determine

termine them. In the first memoir, he offers some general reflections on the study of man, and on the connection between his physical organization and his moral and intellectual faculties; in the second and third, he gives the physiological history of his sensations, following in some measure the course which they take, and the changes which they undergo, from the extremities of the nerves which receive the first impressions of external objects, to the brain, where they originate, and where they all terminate: to this organ they convey all these impressions; and it is there that they are converted into ideas. The brain is therefore the common centre where this operation is effected, and whence all exertion of thought proceeds. We may easily imagine, then, by what a variety of causes its actions may be influenced; some of them being inherent in the individual, and inseparable from it; others being extraneous and accidental. In the six following memoirs, Cabanis considers the manner in which the formation of ideas and moral habits is influenced by age, by sex, by the temperaments, by disease, by regimen, and by climate. The tenth memoir treats of animal life, and the first determinations of sensibility, of instinct, of sympathy, of sleep, and of delirium. Having fully examined all the circumstances which may affect our actions and moral habits, he proceeds, in the eleventh memoir, to consider the reciprocal influence, or the reaction of our moral on our physical constitution. Regarding always, as he does through the whole of his work, the brain, as the organ which must, according to the laws of the animal economy, be exerting the most constant, the most general, and the most powerful action, he draws the conclusion, that this evident re-action of the moral on the physical constitution, is nothing else than the influence of the cerebral system, as the organ of thought and volition, on the other organs, of which it is capable of exciting, suspending, or even deranging all the functions, by means of its sympathetic action. Lastly, in the twelfth memoir, he discusses the subject of acquired temperaments: this may be considered as a sort of supplement to the fourth, which treats of the moral influence of the temperaments, and in which he had only considered the natural or congenital temperaments, or those to which individuals are predisposed from their birth. Under the term of *acquired temperaments*, he meant those temperaments which are formed in different individuals, by a long continuance of those accidental impressions to which they are exposed, such for example as those that originate from disease, from climate, from regimen, and from particular employments of the body and mind. Our limits forbid us to extend this meagre analysis of the work before us; but, imperfect as it is, it may convey some idea of the grandeur, importance, and novelty, of the questions and problems, which the author has endeavoured to investigate. He has proceeded in the execution of his task, with a degree of method which aids the understanding, and with such candour and ingenuousness as ought to have secured him from the attacks which have been made upon him. He was apprised of these attacks, and he has condescended to reply to them in the second edition of his book.

He

He had refrained, as we have already seen, from the consideration of the great and delicate question of *first causes;* but he afterwards ventured on the discussion, displaying in it a great superiority of talent, of reason, candour, and information. The results to which he is led, prove that his private sentiments were very different from what they were by some people imagined to be. This composition deserves to be ranked among the finest compositions of abstruse philosophy of which our language can boast. His family is in possession of another valuable though unfinished work, viz. the translation of more than half the Iliad. These fragments, and some others of a various nature, which were left by Cabanis, could not but be favourably received by the public.

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Commentaries on the Treatment of the Venereal Disease, particularly in its exasperated State; including a second Edition of a former Publication on that Subject, considerably augmented and improved. On the Use of Mercury, so as to ensure its successful Effect. With an Appendix, on Strictures of the Urethra, and on Morbid Retention of Urine. By EDWARD GEOGHEGAN, Member of the Royal College of Surgeons in Ireland, Honorary Member of the Royal Medical Society, Edinburgh, and of the Physico-Chirurgical Society, Dublin. 8vo. pp. 219. Cumming and Co. Dublin, 1814.

THIS appears to be the production of an accurate and experienced observer, and will be found to contain much information of importance to the practitioner. To the surgeons in the army and navy, and especially to the junior part of them, this work will prove a great acquisition. No mistake is more common than the reputed facility of curing venereal disease. The most ignorant pretender to the science of medicine, if equipped with a sufficient quantity of mercurial ointment, never dreams of the possibility of failure in the cure of one of the greatest ills that mortals can endure. The fact in reality is far different. Mercury is only a specific when properly applied, and becomes a most destructive poison when administered without regard to the constitution of the patient, or the particular state of the symptoms. To Mr. G. the profession will feel indebted for having defined,

in a more satisfactory manner than has hitherto been done, the limits of the *mercurial treatment;* and for having pointed out the distinction between the essential symptoms of the disease, and those that are merely accessory to it, and dependant on the contingencies of the moment.

The preface announces it to be a second and corrected edition of a work which appeared in 1802, with additional observations on the treatment of the venereal disease, especially on the means of preventing the destruction of the uvula and palate when ulcerated, and on the use of mercury so as to ensure its successful effect. Mr. G. after stating the objects of the work, adverts to the particular opinions of some writers on this subject.

"In the course of my observations (he remarks) I shall have occasion to animadvert on the opinions of the most respectable authorities, particularly the late John Hunter, whose splendid talents, and unceasing labours for the improvement of his profession, furnish a noble example, and entitle his memory to veneration: it is on practical points chiefly that I differ with him, and I hold it a duty to contest whatever appears to me to be erroneous in this respect. Some of the speculative opinions of Mr. Abernethy strike me as not satisfactory; however, his practical rules furnish valuable guides, and cannot be too strongly inculcated. Whilst I consider Mr. Hunter's Treatise as abounding with suggestions of great value to the experienced pratitioner, I by no means esteem it a safe guide to the inexperienced.

"The difficulties with which the treatment of the venereal disease is so often embarrassed, invite still farther discussion, and require the application of the best talents and information in the medical profession. It has always excited my surprise that the physician directs his attention so little to this disease, and that systems of medicine refer to surgical writers for a particular account of it: its treatment certainly includes much surgery, and he who is the best medico-chirurgeon, will be the most competent to it. It is deeply to be regretted that so much of the practice devolves on unqualified persons, as there is no affliction to which human infirmity is liable, the effectual cure of which is so very important."

The author proposes to consider some symptoms attendant on the venereal disease, the nature and treatment of which, he thinks, are not well understood; and he is the more desirous of entering into the investigation, finding that the most respectable modern authorities are not only undecided in their opinions, but inculcate a practice which appeared to him highly injudicious, and from which he has witnessed the most destructive consequences. He observes,

"Although every form the venereal disease exhibits, furnishes ample matter for observation, I shall confine myself to some aggravated symptoms, in the treatment of which I have had considerable experience, and which have given rise to these reflections. I parti-

cularly allude to phymosis in the inflammatory stage, and to phagedenic chancre; and I know of no symptom the event of which is more interesting, as they frequently terminate in the destruction of a part or of the entire penis. For some time back my attention has been directed to this point, but the number of cases which occurred during the summer, autumn, and winter of 1799, particularly excited my astonishment; and on communicating with other practitioners, I found that they met with similar instances in a far greater number during the same time, than at any former period: as to the nature and treatment of the complaint, the opinions generally entertained were different from those I had formed.

"It was remarked by the public, that the venereal disease then raging appeared to be singularly malignant; and I have heard even practitioners say, that they thought there was an unusual degree of virulence in the infection. The appearance which gave rise to these remarks, was violent tumefaction of the penis, often terminating in mortification, particularly when injudiciously treated: other symptoms were also observable, as singular for intensity of degree."

Again,

"When the ordinary symptoms of an infectious disease appear to be exasperated in an unusual degree, the question arises, to what are we to attribute this increased degree: whether to increased acrimony of the poison, or to any adventitious or physical causes, insensibly operating? This is the pivot upon which the point of practice must turn. If to the former, mercury is the remedy; but if to the latter, many and various circumstances are to be taken into consideration, which are too frequently overlooked. There is nothing more common than to attribute those venereal appearances which resist the effects of mercury, or are increased while it is administered, to an original morbid condition of the habit; and the plan of treatment is the administration of bark, opium, wine, to which mercury is conjoined by some. Decoctions of the woods, and sea bathing, are also very much used; and these means are recommended by authors, and very generally pursued in a kind of routine, as if they had a specific operation in all diseases which had a venereal origin."

He adverts to the opinion and practice of Mr. John Hunter respecting phymosis,—"'that when this tumefaction takes place, in consequence of a chancre, he suspects there is an irritable disposition in the habit, for it is plain there is more than the specific action, the inflammation extending beyond the specific distance.' In his direction for the constitutional treatment, he seems a good deal perplexed: his words are, 'In those cases where violent inflammation has attacked the seat of a chancre, producing phymosis, as before described, and often so as to threaten mortification, a question arises,—is mercury to be given freely, to get rid of the first cause? Nothing but experience can determine this.'" Mr. Hunter then proceeds to recommend mercury given *sparingly*, bark, opium, but in so equivocal and inconsistent

ent a manner as to leave us without any fixed principle as to the nature of the complaint, or the mode of treating it. He also advises, in the local treatment, to inject mercurials, even corrosive sublimate, in the proportion of one grain to an ounce of water, and other mercurials, inside the prepuce, to remain in contact with the parts; but concludes by saying that he has his *doubts* as to the propriety of using any irritating applications in such cases.

After examining the question whether increased acrimony of the poison has any share in producing these aggravated symptoms of the complaint, he concludes with the inference "that mild or violent symptoms, whether accompanied by inflammation or ulceration, or in whatever form they appear, are not characteristic of the degree of acrimony in the infectious matter. Hence we have no reason for attributing the aggravated state to the infectious matter alone: we are led then to look for an explanation of the phenomenon from some other cause. It is a common phrase, when things run untowardly, to say, this is owing to *peculiarity of constitution;* but in what this peculiarity consists we are uninformed, and, of course, are without any guide as to the treatment."

In considering the human constitution, he observes, the great variety of circumstances which influence it every moment should be taken into account, the state of the air, place of residence, intemperance, effects of the passions, &c.

"Many alterations may take place in the constitution, during the treatment of the venereal disease, from some of the causes enumerated, in which state mercury would be contra-indicated. When the penis becomes the seat of disease, its sensibility is preternaturally increased. Should any additional cause of disease operate locally, or generally, at the same time, it is obvious that the diseased part will feel its effects in a greater degree than any other, and inflammation be produced, which may take place whether chancre exists or not, as in gonorrhea; and chancres may spread and exhibit the most malignant features, independently of the virus. In farther illustration, I will suppose a case of chancre attended with slight symptoms, and that by accident the part is suddenly struck, and violent symptoms ensued: are we not to judge of the latter, *quoad injuriam,* and would it not be error in the extreme to treat this case as venereal during the recent symptoms? And is it not manifest that the same effects may be produced through the medium of the constitution; do we not every day see the most violent diseases come on suddenly from an accession of cold, and affecting particularly such parts as were previously in a morbid state?"

In page 64, a paper of M. Brugerius, formerly surgeon in chief to the army of Italy, is quoted.

"'The military hospital of Toulon, the situation of which is low and close, proved formerly little better than a tomb for most of the

patients admitted, and especially such as laboured under syphilis, the greater number of inflammatory venereal symptoms terminating in gangrene. Phymosis and paraphymosis were often followed by a total loss of the penis, the mortification sometimes spreading into the neighbouring parts. Gangrene also frequently seized on ulcerated buboes, spreading along the thigh, or the abdomen, and sometimes destroying all the external parts of generation. Struck with the alarming appearances which no art could remedy, M. Brugerius visited the military hospitals of the North, for the purpose of observing whether the venereal disorders in them were subject to similar accidents. The contrary was found to be the case, and M. B. therefore justly attributed their occurrence at Toulon to local causes. In fact, when the wards of the hospital were raised, and ventilation strictly attended to, these gangrenes ceased to make their appearance;' a striking proof of the great importance of pure air in the treatment of diseases."

At the time the symptoms referred to were witnessed in the highest possible degree, epidemics of the worst kind were extremely prevalent.

" It is admitted that inflammation of the penis, such as I describe, is erysipelatous, and we know that erysipelas is an usual attendant upon epidemic causes; and when it is considered that venereal patients are very numerous, and that they are very much exposed to the weather, surely when many diseases are produced, and all are aggravated by the state of the atmosphere, it is a fair induction that a number of persons labouring under the venereal disease will be affected by the prevailing epidemic, and that it will produce its effects as before explained, namely, by inflaming those parts which were previously in a morbid state. In this way I think that the exasperated symptoms so freqnent in the year 1799 may be accounted for. I have been informed by Mr. Henthorn, senior surgeon to the hospital called the Lock, that an extraordinary number of these cases presented themselves there at this period, but that they were of the putrid type, particularly among females; mortifications were very common, set in early, and often proved fatal."

" Local irritation also has a great share in producing those attacks; When we consider the high degree of sensibility of the penis, and this condition morbidly increased by the poison, and its being pendulous, and very liable to motion, it is obvious that it must be often irritated by striking against the breeches, &c. &c. and when the sores are small, little attention is paid to the means of obviating such injuries. Suppose one of the fingers having some small ulcers, although free from virulence, and that it was unprotected and pendulous, without bandage or dressing, coming in contact with foreign bodies, surely diffused inflammation might reasonably be expected. How much more susceptible is the penis of injury from a similar cause?"

A case is related of

" A young man who was using mercury for chancres, and when they were nearly healed, a dressing of the ung. eruginis was applied

to

to a small sore that proved obstinate: inflammation succeeded, the dose of mercury was increased, mortification took place. Two surgeons of great experience were employed: they advised calcined mercury to be given instead of the ointment; the mischief increased, all the neighbouring parts were destroyed, and it proved fatal. Correctness requires that I should mention he was ordered bark, opium, cicuta, &c."

"About the same time I met with several cases in which the sores were trivial, with every appearance of their being immediately healed, the habit fully under the influence of mercury, when unaccountably and suddenly the penis became greatly tumefied, and all *those* who persevered in the use of mercury, or took bark and wine, suffered a rapid destruction of parts. I remarked that almost all these patients were exposed to the weather, and some of them to great exercise. In one case it was produced by the application of a strong solution of corrosive muriate of mercury, to remove warts. In another the inflammation had set in but thirty-six hours, and the penis was completely sphacelated when I first saw him. This patient was using mercurial frictions, and allowed to drink wine, and pursue what is called the invigorating plan, whilst in this state. He was of a robust habit, and in the twenty-first year of his age, and had considerable symptomatic fever. I directed that the mercury should be discontinued, and reversed the treatment, on which the general and local symptoms yielded; but it was too late to save the penis, a great portion of it having separated. In many instances delirium and considerable fever attended, &c."

In the treatment of phymosis, he proceeds on the principle that the inflammation exceeds that which the *venereal* virus usually produces,—that it is not *venereal*, as it is admitted that when an accessory disease takes place, it ought to be removed previously to attempting the cure of the original. Every principle of the healing art requires that this new disease should be first attended to.

"Surely were fever, pneumonia, catarrh, cynanche tonsillaris, to attack a patient known to be infected with the venereal disease, the mode of treatment in these diseases would be pursued, but no mercury, until after they had subsided."

The use of mercury is therefore very properly prohibited where active inflammation is present in parts of loose structure. In a case, related by Hunter, of its use in a sore throat mistaken for venereal, it produced mortification as soon as it affected the mouth.

"We every day see that in the mouth it produces violent inflammation, ulceration, and sometimes mortification. Granting that these consequences sometimes attend its use, it is reasonably to be dreaded that it will precipitate inflamed parts, of such structure as the penis, into mortification, and prove injurious in diseases of other parts, mistaken for venereal."

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The treatment recommended if the symptoms run high, consists in bleeding, purging, and the antiphlogistic regimen. The use of bark and mercury, advised by Hunter, is objected to, we think upon strong grounds. Where phymosis occurs when the venereal sores are healing under the use of mercury, and where suspicion exists of the symptoms having arisen from the noxious effect of the mineral, bleeding is seldom necessary. A discontinuance of the mercury, with good air, is all that in general is required; in cases of debility, bark may be used.

Speaking of the local treatment, he condemns the use of leeches, which he thinks infinitely less useful than general bleeding, fomentations of liq. plumbi dilut. or an ointment of acetate of lead.

"Some surgeons recommend that the prepuce be slit up, as remedial of violent phymosis; in deciding on this practice, I would make this distinction: if the subject was very irritable, or unhealthy, I would disapprove of it; but if the contrary state prevailed, it might be done with advantage and without danger in some cases.

"In Chronic Phymosis, this operation is scarcely ever necessary; the closest contraction will yield almost always to bathing in warm milk twice or thrice a day, endeavouring each time to draw back the prepuce, and to force the glans through it, which acting as a wedge, by perseverance will gradually dilate the contracted prepuce.

"A case occurred some time ago, which will make me cautious as to operating on this affection." After the ineffectual use of lotions, &c. at the entreaty of the patient the operation was performed. During three or four days, nothing remarkable occurred; "he lived out of town, and walked in and out every day, a distance of one mile and a half; on the fourth or fifth day, he was exposed to a shower of rain, and ran some distance, so as to irritate the wound; inflammation and mortification took place within twenty-four hours; when I saw him, it had every appearance of extending, and was accompanied by fever, his eyes were highly tinged with yellow, and his tongue furred; I directed a scruple of jalap and three grains of calomel every day, so that four or five stools would be procured; the evacuations were highly bilious, he took no other medicine; a poultice of oatmeal and beer was applied, the integuments of the penis and scrotum sloughed off; and I observed, that as his bilious complaint grew better, a favourable change took place in the local affection: by a perseverance in purgatives he recovered. Here was a case of mortified penis, arising solely from external irritation, aggravated by a deranged state of the hepatic system, and cured by remedying the general condition of the body; had I followed the advice given in books, bark and wine, opium, &c. would have been the medicines, and especially as he was debilitated from age, original habit, and disease; and had he been young, how many would have contended that the venereal virus must have had a share in such a diseased penis."

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It is right to observe, the opposite practice, which we consider to be extremely injudicious, is taught by Hunter, Howard, and Swediaur; it is therefore proper to counteract the influence of their authority on the junior part of our profession. The author next details the mode of treatment when sloughing of the prepuce has taken place, for which we refer to the work itself.

"Phagedenic Chancre is said to be characterised by the successive formation of sloughs, so as to destroy the part on which it is situated; when it occurs in patients labouring under the venereal disease, there is reason to fear that it may be treated injudiciously, in consequence of the opinion advanced by some, that it is occasioned by unusual virulence of the infectious matter; this view of the complaint would naturally lead to the exhibition of the antidote to the infection, in increased quantity."

The principle of practice, in this case, like the preceding, is from the fact, that

"Phagedenic chancre is not a truly venereal ulcer, but a *supervening* disease, and that the habit liable to it is apt to suffer materially from the use of mercury; an high degree of morbid sensibility is manifest in every such subject, which condition is invariably increased by mercury.

"Some surgeons discontinue it for a time, and resume it on a change of appearances; in the opinion that it is dangerous long to withhold the venereal antidote."

To which practice he objects, for several reasons detailed:

"When ulcers on the penis exhibit this character, the source will always be found in a morbid condition of the habit, or in local irritation, often in both conjointly; at the commencement, before mercury has been used, evacuations are indicated, and a strict avoidance of irritation of every kind; at this period, bark and the tonic plan are contra-indicated, yet they are very much recommended, on the appearance of a slough, and if a favourable change did not soon take place, opium, cicuta, nay, even mercury, are given. When it is considered that a change of the wind, mental excitement, intemperance, or any derangement, are sufficient to occasion a sloughy state, we should hesitate before we give astringents, or narcotics; the latter are particularly exceptionable in the early stage of the complaint, and should not be persevered in, at any period, or in any case, if a favourable change did not soon succeed their exhibition, because, being possessed of deleterious properties, they must prove prejudicial, if unattended with salutary effects; cases are recorded, in which cicuta was pushed to great extent, with the worst consequences, yet the mischief was attributed to the disease, instead of the intended remedy."

"Burrowing sores partake of the nature of phagedenic. Mr. Abernethy says, decidedly, that these are not venereal, in which opinion I agree with him, but to a limited extent; namely, that they

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are not perpetuated by the venereal poison, and that they are aggravated by mercury, and may be produced by it. That sores which burrow, situated in the neighbourhood of the genitals, occur sometimes, without a venereal origin, I am satisfied.

"Having decided that the restoration of the health is the chief indication, the means of effecting this is particularly to be attended to. When phagedena, or a burrowing sore, is an early symptom, it is almost invariably accompanied by quick pulse, dry skin, furred tongue, and great pain; hence the necessity of purging until the tongue becomes clean, and the anodyne and sudorific medicines, as directed in treating of phymosis; if the distress is excessive, bleeding in proportion to the strength, will be advisable at this early period; and in the more advanced stage, warm baths, and the soothing plan. In obstinate cases, a dry and warm atmosphere, particularly in the country, will be of material service; the only medicine I can recommend from experience, is sarsaparilla given alone; when it is combined with guaiacum, and the other ingredients that form the decoctum lignorum, the habit is too much excited, an effect that is unfriendly to an irritable condition. I also object to mercury in any form accompanying sarsaparilla, on the same principle, and also for the reasons advanced before."

"As to the local remedies, my experience does not warrant me in saying much; the fermenting poultice of so large a size as to embrace the entire penis, is a good application in many cases; however, it is sometimes found too irritating, and its weight is distressing; under these circumstances, an ointment composed of one part of the ung. elemi and four of the ung. ceræ, may be substituted with advantage; it is a good mode of applying it, to melt it in a spoon, and pour it into the sores; this is adapted to the sloughy state. In obstinate sores that do not slough, I use the ung. hydrarg. nitrat. mixed with six parts of the ung. ceræ; applications that are more stimulating, are apt to prove mischievous in all sores of this part; these ointments should be blended together, with the assistance of heat."

"I believe it is the usual course of practice, to commence the administration of mercury, after the exasperated symptoms had subsided, so that time should not be lost in subduing the virus; to which my experience obliges me refusing assent, having met several cases, in which the mischief was renewed with increased violence, in consequence of this practice; a case has been communicated to me lately, of a person labouring under a foul ulcer of the penis, in the treatment of which the surgeon discontinued the use of mercury, until the sore became the size of a pea, it was then thought advisable to give mercury; on its administration, the features of the sore immediately altered, and it spread so as to destroy a great part of the penis. It has been a rule with me, during the last twelve years, never to resume the use of mercury in those cases, until after the sore was cicatrized; and in subjects with whom mercury disagreed very much, I have withheld it, and waited for constitutional symptoms, and in some instances the disease never returned, which I attributed to the removal of the virus *in limine*, by the sloughing."

There

There is no symptom of the venereal disease so embarrassing as a rapidly increasing ulceration of the fauces, with sloughing of the soft parts, and destruction of the palate and bones of the nose. We have now, in our own practice, three cases of this affection produced by the action of mercury administered for disease supposed to be venereal. In all these more or less of the bones of the jaw and palate have been removed in large portions. It becomes then of great importance to be able to distinguish that which is essential to the disease from that which is the effect of the remedy.

"A young gentleman of the medical profession laboured under an ulcerated bubo, which spread considerably under the use of mercurial frictions. They were discontinued, and the sore amended gradually. After a few months it healed, and he removed to the country, where the throat became ulcerated, accompanied by febrile symptoms. The means of relief pursued having proved ineffectual, I was brought to see him, and found him greatly emaciated, pulse small and quick, and skin parched; the uvula was so relaxed as to impede deglutition, its edges ulcerated; no benefit was derived from gargles. The seat of the mischief seemed to me to be out of the reach of applications in the usual way, and I considered the case venereal. I ordered a lotion composed of two grains of muriate of mercury dissolved in seven ounces of water, and an ounce of mel. rosæ, to be snuffed up the nostrils, until it reached the pharynx; then to be ejected through the mouth; and half a grain of calomel, and a grain of antimonial powder, to be taken night and morning. This practice soon proved successful, and he took no other medicine for six or seven weeks; the quantity of calomel was increased, after the constitution became habituated to it. On discontinuing the pills, he commenced the use of sarsaparilla, which he continued about a month; and has remained free from disease ever since, about seven years."

(To be continued.)

Expériences sur le Principe de la Vie, notamment sur celui des mouvemens du Cœur, et sur le Siége de ce Principe, suivies du Rapport fait à la Première Classe de l'Institut sur celles relatives aux mouvemens du Cœur. Par M. LE GALLOIS, Doctor en Medicine de la Faculté de Paris, &c. &c. pp. 368. 8vo. Paris, 1812.

THE author begins an introductory section, by stating that sensation and motion have generally been considered as the characteristic properties of a living animal body. He then proceeds to give an historical sketch of the opinions which have been entertained respecting the part of an animal which is necessary to the existence of these faculties, or, in other words, the seat of the vital principle. At first view, these properties might be supposed inherent in every part of the living body, since each appears to possess them to a greater or less extent; but experience having taught us that

the division of a nerve deprives the parts to which its inferior extremity is distributed, of sensation and motion, we must conclude, that sensation does not reside in the part which feels, nor motion originate in that which moves. Hence, by tracing the nerves to their origin, the brain naturally came to be looked upon as the focus of the nervous power, and the seat of the vital principle, and many facts combined to favour this idea. Any considerable injury to the brain produces instant death; and when the spinal marrow or a nerve is divided, the parts whose nerves communicate with the brain continue to move and feel, whilst those below are paralysed.

Other inquirers, having observed that some parts of the brain might be injured or destroyed with impunity, entered upon an ineffectual search after the part of the brain immediately necessary to life,—the sensorium commune, or seat of the soul. But the opinion that even the whole brain was the exclusive seat of the vital principle, was not easily reconcilable with some well-ascertained facts. Why do cold-blooded animals continue to live for months after the removal of their heads; or why should this term vary according to the manner in which the brain has been extracted? It is not sufficient to say that the laws of the animal economy are different in cold and warm blooded animals, for similar facts have been observed with respect to this latter class.

The author here refers to many respectable authorities, among whom are Kaaw, Boerhaave, Lamitrie, Cuvier, and Haller, for instances of warm-blooded animals continuing to move after decapitation; and adduces the fact of acephali arriving at a full growth, and even living for some days after birth, as an additional proof of the inaccuracy of this opinion.

Haller's theory of irritability did not satisfactorily account for these phenomena. His experiments went to prove that the condition necessary to motion exists in the muscular fibre itself; that in the voluntary muscles, the nervous power is the stimulus to contraction, but in the other moving parts, particularly the vital organs, the stimulus is of an entirely different nature. He conceived that the internal vital functions might be carried on independently of the nervous power, so long as they were able to dispense with those functions which are under the influence of the will, and of course of the nerves, particularly respiration. Now as the fœtus does not breathe, and as cold-blooded animals are able to survive a long privation of air, and both preserve their irritability during a considerable period, it followed that the nervous influence was not in them necessary to life.

Mons.

Mons. le Gallois points out a few decisive objections to this doctrine. Voluntary motion takes place in acephali and decapitated frogs; and Fontana's experiment of preserving life by artificial inflation of the lungs, shows that the same thing may occur in warm-blooded animals. These motions cannot be referred to irritability, which term is used to imply the contractile faculty which a muscle possesses, and not the stimulus which disposes it to contract. If we remove the leg of a frog, and irritate a nerve or a muscle; in the first case all the muscles to which that nerve is distributed, in the second case the muscle itself, will be thrown into a state of contraction. These phenomena are always observable a certain time after death. But the decapitated frog is a living animal, and exhibits very different phenomena. If scratched with a pin, he feels, and expresses his sensation by moving all the voluntary muscles.

Having premised these observations, Mons. le Gallois enters upon his first memoir. A case of difficult labour which occurred to him, first attracted his attention to the period during which an infant may live without breathing after all communication with the mother has ceased. A series of experiments upon this subject led him to the conclusion, that animals support the privation of air for a time which bears an inverse proportion to their age. A rabbit, immediately after birth, will retain sensation and motion for fifteen minutes after it has been entirely deprived of air; whilst another, a month old, will not retain them longer than two minutes under the same circumstances. The author observed that decapitated animals remained alive during the same length of time as animals of the same age and species did, when totally deprived of air. There was, however, one obvious difference between the two cases: the strangled animal made violent efforts to draw in air; the decapitated animal made none. In the former case, these efforts, together with gaspings (baillemens), were the last signs of life, and remained after the extinction of sensation and voluntary motion; in the latter case, the same gaspings occurred, but the muscles of respiration were perfectly paralysed from the first instant. He divided the spinal marrow between the occiput and first vertebra, and the effects were precisely similar to those which succeed decapitation. Hence he concluded, that the decapitated animal dies from strangulation, and that to preserve life, it was but necessary to keep up respiration by the artificial inflation of the lungs; and this conjecture was verified by the result of the experiment. M. le Gallois has, however, been anticipated in this discovery by Fontana and Chirac, the latter of whom in particular de-

scribes the same means of preserving the life of an animal after decapitation.*

Having thus ascertained that the brain is not necessary to sensation and motion, the author, after decapitating a rabbit, whilst keeping up artificial respiration, destroyed the spinal marrow by passing an iron stilet along the vertebral canal. Every sign of life instantly disappeared, and irritability alone remained, as is always the case during a certain time after death. In another rabbit, he destroyed the spinal marrow, without removing the head: the result was exactly similar to that of the preceding experiment, except that the gaspings (baillemens) were observed in the head. He divided different animals transversely into two portions, and found the signs of life to remain in both parts, during a period which varied inversely with the age of the animal. On destroying the spinal marrow in either of these portions, it immediately lost every appearance of life, whilst the other continued to move. If the spinal marrow was partially destroyed, the parts which received their nerves from the destroyed portion lost the signs of life immediately. To prove that the signs of life in these cases do not depend upon any of the thoracic or abdominal viscera, but entirely upon the spinal marrow, M. le Gallois removed all the viscera from these cavities, and then separated the head: the animal continued to live, but the moment that the spinal marrow was destroyed, death ensued.

The conclusion to be drawn from these experiments is, that life may exist independently of the brain, and of the viscera of the thorax and abdomen, though these are certainly necessary to its continuance. The author proceeds to inquire in what this necessity consists. The motions of respiration depend upon the brain, through the phrenic nerves, and those which supply the other respiratory muscles arise from the spinal marrow; the motions subservient to respiration cease when the connexion between the origin of these nerves and the brain is divided; whilst other parts deriving their nerves from the spinal marrow continue to move. The author thinks that the cause of this singular fact is in some manner connected with the course of the spinal accessory nerve. To determine in what part of the brain the influence which governs the motions of respiration is situated, he opened the cranium of a rabbit, and removed the brain by successive layers. He thus removed the whole of the

* The writer of this article is not in possession of correct information relative to Fontana's experiments, and the lateness of the month at which this is sent to press prevents the necessary investigation. The account, however, of Chirac's will be found in the *Journal des Scavans*, and in the *Collection Academique*, from which it is transcribed.

cerebrum

cerebrum and cerebellum, and a part of the medulla oblongata. Respiration went on till that portion of the medulla oblongata where the eighth pair of nerves arise was cut away; it then ceased. By performing the operation in such a manner as to preserve this part, he was enabled to preserve animals alive after decapitation, without the aid of artificial respiration; but from the hæmorrhage, and the deficiency of circulation in the extremity, together with the diseased state of the part arising from its exposure, warm-blooded animals never survive longer than half an hour. These obstacles were not met with in cold-blooded animals to the same extent, whilst the length of time which they are able to exist without food, rendered them particularly well adapted for this experiment. They were found to survive decapitation performed in this manner during several months. Some lizards, in which this part of the medulla oblongata was removed, lived longer than when totally deprived of air, which is attributed by the author to a process analogous to respiration being carried on through the skin. The brain is also necessary to the permanence of the life of the trunk, by the influence which it exerts through the par vagum; but this inquiry forms the subject of the second memoir. The abdominal viscera, the lungs, and the heart, are necessary to the formation and circulation of arterial blood. Life, the author says, does not depend on circulation, for sensation and motion remain after the heart is removed. But this experiment can hardly be considered as conclusive, as Bichat* informs us that he has seen the circulation carried on in the capillary vessels of frogs, by what he calls their tenacity, after the heart was removed. M. le Gallois supposes that the impression communicated by the arterial blood preserves the nervous organs in a state of energy during a variable period, after which the impression requires to be repeated. He found, after tying the inferior aorta in a rabbit, that motion and sensation ceased in its hinder parts.

The subject of the second memoir is the investigation of the seat of the principle which governs the motions of the heart. M. le Gallois concluded, from the experiments already detailed, that two conditions were necessary to preserve life in any part of an animal body: 1st, the integrity of a corresponding portion of the spinal marrow, and its nervous communications; 2ndly, the circulation of arterial blood through that portion. He destroyed the lumbar portion of the spinal marrow in a rabbit two days old: the posterior extremity lost every mark of life, whilst the anterior part remained alive; but after the lapse of three minutes and a half, every sign of life became extinct. He repeated the

* Recherches Phys. sur la vie et la mort, p. 150.

experiment

experiment several times, and practised pulmonary inflation in some instances, but the same result constantly recurred. The destruction of the dorsal or cervical portions was followed by death after a still shorter period. Younger animals were able to lose a larger portion of the marrow without death ensuing, but the destruction of a considerable portion of it at once, proved fatal in every instance.

These facts pointed out two distinct sorts of influence which a part of the spinal marrow exerts over the living body: the first, that immediate influence which it possesses over the parts to which the nerves which arise from it are distributed, which immediately die when it is destroyed; the second is that by the destruction of which universal death is occasioned a few minutes afterwards. If the author's conclusions from his former experiments were correct, the destruction of one portion of the spinal marrow could only destroy the life of parts which received their nerves from other portions, either by injuring the integrity of the other portions, or by causing a cessation of the circulation of arterial blood through them. To bring this point to the test, he divided the spinal marrow transversely, in a rabbit of twenty days old, between the lumbar and dorsal vertebræ: sensation and motion continued in both extremities, but on irritating one, no motion was produced in the other. The anterior part of the animal did not appear to feel, when the posterior part was irritated. Strong convulsions were produced in the hind parts when the lumbar portion was destroyed, whilst the anterior parts did not appear at all affected by it. Nevertheless, general death took place three minutes afterwards. The cause was then to be sought for in some derangement of the circulation. Haller's opinions respecting the motions of the heart have been generally adopted. He supposed that the heart, like other muscles, possessed irritability; and that the stimulus which excited its contractions was the blood, independent of nervous influence. When this exciting cause was present in the ventricles, they contracted and expelled it; then relaxing from the absence of the stimulus, a fresh supply was poured in from the auricles. In support of this doctrine, it was argued, that the motions of the heart are independent of the brain, which was supposed to be the sole focus of the nervous power. It was also alledged that if the heart be removed from the body and placed upon a table, its contractions continue. This is true, but it remained to be ascertained whether these contractions possessed sufficient force to keep up the circulation. The signs of circulation are, principally, scarlet hæmorrhage on the amputation of a limb, and the red colour and fulness of the carotid arteries; but these are frequently equivocal. The

gaspings which take place after the removal of the head have a determined period in animals of the same age, and this period coincides with that which they observe after circulation has ceased in the head. By these means the author could ascertain very exactly the moment at which circulation stopped. He next gives the minute details of a part of the numerous experiments which he made, by destroying different parts of the spinal marrow in rabbits of different ages, and noticing the effects upon the circulation. The destruction of the cervical portion proved more generally and instantaneously fatal than either that of the dorsal or lumbar portions. After the age of twenty days, the destruction of any of the three portions proved fatal by stopping the heart's action in about three minutes. In some of the cases, artificial respiration produced an appearance of scarlet blood in the carotid artery, after every other sign of circulation had disappeared. This occurs in those cases in which the destruction of the spinal marrow is commenced at the upper extremity, when strangulation having taken place before the cessation of the heart's action, the pulmonary veins and left side of the heart contain dark blood. If pulmonary inflation be practised under these circumstances, it will change the colour of the blood as far as the carotid arteries, after circulation has entirely ceased. To prove this, M. le Gallois took two rabbits, one of which he killed by forcing a stilet through the brain and the whole spinal cavity, the other by strangulation. Forty-five minutes afterwards he opened their chests, and having ascertained that the blood in the pulmonary veins and left auricle was black, and that the heart exhibited no signs of irritability when scratched with a scalpel, he practised pulmonary inflation. The blood became of a bright scarlet colour in the pulmonary veins and left auricle, but it does not appear that any of this blood reached the carotid arteries, though it probably would have done so, had the motions of irritability continued.

Having thus ascertained that the effect of the destruction of one portion of the spinal marrow upon other portions is by cutting off their supply of arterial blood, the author proceeds to state some other facts respecting the destruction of the marrow. He found that when he confined, by means of ligatures, the sphere of the circulation within narrow limits, the animal was able to bear the loss of a much larger part of the spinal marrow, without the action of the heart becoming too weak to carry on the circulation. If the spinal marrow was destroyed gradually by small portions, the same result was obtained, which the author attributes to the death of the parts deriving their nerves from the destroyed portions, acting in a manner analogous to ligatures, narrowing the boundaries

ries of the circulation. He concludes that each portion of the spinal marrow communicates as much nervous influence to the heart, as is necessary to preserve the circulation in the parts to which the nerves from that portion are distributed. After eight unsuccessful attempts, he at length succeeded in demonstrating this fact, by keeping the thorax and anterior extremities of a rabbit alive, after having removed the other parts of the body. He began by passing a ligature round the aorta, immediately below the cœliac artery, and another round the vena cava near the liver; these ligatures were not at first tightened. The carotid arteries and both jugular veins were then tied, and an opening made into the trachea for the purpose of keeping up artificial respiration. He then divided the spinal marrow near the occiput, and began to inflate the lungs. After continuing the inflation for three or four minutes, he detached the trachea from the larynx, and removed the head. After continuing the inflation for three or four minutes longer, he tied the aorta and vena cava: then resumed the inflation, next removed the whole posterior part of the body below the ligatures. He then took away the stomach and liver, taking care to restrain the hæmorrhage. He then kept up inflation as long as the signs of life continued. He repeated this experiment several times, destroying, in some instances, the remainder of the cervical portion, and a part of the dorsal portion of the marrow; yet life was preserved by the two posterior thirds of the dorsal portion. As the author has defined life to consist in sensation and motion, he considers the animal or part of an animal which has lost these properties as dead. He concludes this memoir with some observations on the impossibility of restoring an animal to life which has experienced universal death. This impossibility arises from the total annihilation of the influence which disposes the heart to contract, so that no means remain to carry on the circulation through the nervous organs. But what he calls a partial resurrection may be easily effected. If we tie the descending aorta, the inferior portion of the spinal marrow is deprived of blood, and every sign of life ceases in the lower extremity. But the remaining portions being sufficient to keep up the heart's action, when the aorta is untied, the circulation again commences in the portion before obstructed, and the signs of life return.

Mons. le Gallois draws a great number of conclusions from the experiments detailed in these memoirs, but the most important inferences are summed up by the Committee of the French Institute in their report. They are as follows:

1. That the principle of the motions of inspiration has its seat near that portion of the spinal marrow which gives origin to the eighth pair of nerves. 2. That

2. That the principle which animates each part of the body, resides in that part of the spinal marrow, from which its nerves originate.

3. That it is from the spinal marrow that the heart derives the principle of its life and of its motions: but from the whole marrow, and not from any particular part of it.

4. That the great sympathetic nerve arises from the spinal marrow, and that the particular character of this nerve is to place the parts to which it is distributed under the immediate influence of the whole nervous power.

The third memoir consists of an enquiry into the manner in which death takes place after the division of the par vagum. We hope to be able to give some account of it in our next Number.

Observations sur le Nature & le Traitment des Maladies du Foie; par ANTOINE PORTAL. 1813. pp. 608.

THE known talents and industry of this venerable practitioner, especially in the department of pathological anatomy, naturally excited the most sanguine expecations in our minds; nor have we been disappointed in the perusal of the present volume. A judicious treatise on these complaints has long been a desideratum with us; and we may venture to affirm this will be read with considerable advantage by the admirer of pathological researches, and will tend in a great measure to supply the deficiency we have so long had reason to lament.

From an extensive work, possessing nearly uniform claims upon the attention of the medical world, it will hardly be possible to give a complete idea of its execution by the usual analysis. The limited space allotted to articles of this description, will only allow us to enumerate the general contents, and to give short selections to illustrate its execution.

The first part contains an account of the diseases of the liver, whose seat in this organ is generally admitted. Eight chapters are devoted to this inquiry, under the following arrangement.

Pains of the liver—increase or diminution of size, obstructions, induration or preternatural softness, of this organ—jaundice—hepatic colic—bilious fever—bilious colic—inflammation of the liver, and its consequences—and, lastly, hepatic phthisis.

Under the second and remaining part is included the state of the liver in those diseases which are generally supposed to be situated in other organs, the greater part terminating in *hepatic phthisis.*

The following is the arrangement of this division of the work:

The state of the liver in some catarrhal affections—in eruptive diseases—scrofulous complaints—venereal disease—scurvy—rheumatism and gout—rickets—fevers: intermittent, continued, remittent, &c. and in the hepatic phthisis which, more or less generally, attends these complaints—in certain dropsies—after mental affections and violent pains—difficulty of breathing—palpitations of the heart, syncopes, and angina pectoris—in nausea and dyspepsia, with various evacuations from the stomach and bowels—bilious vomitings—vomitings of blood—melœna—some diarrhœas—dysentery—purulent evacuations from the stomach and bowels—hepatirrhœa—cholera morbus and iliac passion—and, lastly, the state of this viscus after blows on different parts of the body.

The author, in pursuing the object he has in view, has judiciously brought into one focus a collection of cases, illustrating the general principles he inculcates; and these consist of selections from the most valuable pathological writers, which are followed by such as actually occurred in his own observation, first giving the fatal instances, with their dissections, and afterwards those which yielded to the remedies employed. After the particular examples of the several morbid alterations of this organ, the whole is summed up, and the inferences deduced from them are placed under the general head of Remarks. In giving specimens for the purpose of illustrating the plan of the work, we shall take the first which present themselves, under the head Pains of the Liver.

Case 1.—A man, 36 years of age, who complained a long time of pain in the right hypochondrium, fell into a low fever. He wasted away, and the skin became of a yellow colour. He lost his appetite, and experienced intense thirst. A tumour in the right hypochondriac softened: it was evidently a collection of matter ready to burst: it was opened, and a considerable quantity of pus flowed through the wound, the smell of which was so intolerable that the assistants could scarcely remain in the room. He died on the seventh day from the operation. On dissection, the belly was filled with pus, the omentum was destroyed, and the peritoneum had begun to putrify. The intestines were blackish, or of a leaden colour. The liver was large and hard, and a gangrenous ulceration was found on the right side.—*Forestus.*

E. S. experienced acute pains in the right hypochondriac region for several years, which were supposed to arise from dyspepsia, and were sometimes imagined to be seated in the liver,

liver, and at others in the stomach. She took a variety of remedies without benefit. Her complexion was sallow; her urine red; and the stools were clay-coloured. The lower extremities were œdematous, and especially the right. The side in the neighbourhood of the right kidney was extremely painful. The urine was always muddy, and sometimes red as blood. The swelling of the extremities increased, with slight œdema of the belly; the respiration became short, but the pulse continued natural; and finally she died. On opening the body, the liver was found to be the real seat of the complaint, as the author had before affirmed, contrary to the opinion of some physicians in attendance with him, who thought the right kidney diseased. The liver was of its usual size, but hard, and greyish in several parts. The gall bladder was absolutely obliterated, as was the cystic duct, the coats of which were converted into a cartilaginous substance. The ductus coledochus was contracted; the lungs hard and swollen; but the remaining viscera sound.

Case 1st successfully treated.—A student in medicine, 29 years of age, of a studious disposition, wasted considerably, although he preserved his appetite. A *dry cough* arose, which distressed him, particularly *after dinner*, *with a pain in the right side of the chest*, *incommoding respiration*. His chest appearing to be the seat of the disease, and thinking it a case of incipient phthisis, the author advised emollient broths, with milk diet; but a jaundice soon appeared, and he was again consulted. The belly was examined, and the liver found tumid, especially in the epigastric region. He complained of frequent colics. He had an itching of the skin, with eruptions of an anomalous kind, which disappeared without particular treatment; and his urine was of a higher colour than usual. There appeared then no doubt of the liver being the seat of the disease, though the lungs could not positively be pronounced to be in a healthy state. But as there was no expectoration or spitting of blood, the treatment proceeded solely on the former supposition.

An emetic was administered. This was followed by saponaceous pills, with bitter extracts, and infusion of soapwort and hops. The symptoms gradually diminished, and the patient recovered. The author observes, this case, among many others, proves that *pain in the chest* may arise from diseased liver.

In the *Remarks* belonging to this division, the author commences by an attempt to shew that the liver itself is capable of sensation, contrary to an opinion formerly entertained that the pain was seated in the membranes.

Hepatic pains are principally felt in the epigastric region,

beneath the zyphoid cartilage, whence they extend into the right hypochondrium, under the false ribs, to the kidney of the same side. Sometimes they are felt in the left hypochondrium, but are more frequently referred to the stomach, the greater part of the inferior and internal surface of the liver being contiguous to it. It is the more important to make these observations, because it is generally supposed to be seated only in the right side, which in reality is seldom the case; whereas they frequently exist in the horizontal or left portion over the stomach, which Ferrein has very properly remarked. However I speak only of the generality of cases. There are individuals who have suffered pain a considerable time in the *region of the gall bladder*, from calculi contained in it; and in inflammations and other diseases of the liver, pain may unquestionably be felt throughout its whole substance. Simple obstructions are often accompanied by pains which in some is felt in particular parts, in others is more generally diffused; sometimes they are concentrated in this viscus, and often they are extended to neighbouring organs.

Of all the causes of pains, the most frequent is the bile itself, or biliary calculi, which gives rise to the term hepatic colic, a disease described in all ages, and which possesses a characteristic mark, which we shall mention hereafter.

To the pains in the stomach consequent to *diseased liver*, should be added those affections of the heart, præcordia, and diaphragm—cardialgiæ, gashalgiæ, gastrodyniæ, &c. How difficult do we not find it to distinguish the real seat of these pains, as well as of affections of the spleen, pancreas, kidney, &c. We must, therefore, in order to establish a correct diagnosis, make a comparative analysis of the symptoms which belong to the injuries of each organ respectively. If, for example, there is vomiting, there can be no doubt but the stomach is primarily or secondarily affected. If jaundice is present, the liver will be fixed upon as the seat of the complaint, although it is very possible for the latter to exist without the former. If there is suppression of urine, we naturally look to the kidneys; in retention, the bladder. If the patient has the *risu sardonicus*, with pains in the shoulders and arms, the liver and the diaphragm are probably the parts affected. From the aggregate of the symptoms alone we must draw our conclusion; but happily, in cases of danger, our practice is guided not so much by the nature and intensity of the disease, as by the presence or absence of fever.

When the pain is very violent, the seat of the disease cannot be correctly ascertained by pressure on the external parts: it is only when it is moderate that we can distinguish

by

by this means whether it be in the stomach or liver. If in the latter, it is generally felt immediately below the zephoid cartilage, and pressure gives to the patient a sensation as if the part was bruised or sore; if in the stomach, it is generally more acute, and lower down. These remarks are due to Ferrein, but, we repeat it, they are only true when the pain is not very violent; for then they are not limited, sometimes passing into the left hypochondrium, but oftener into the right, where they can generally be excited by pressing with the fingers. Ferrein assures us also that when the pains arise from the stomach, and from a collection of bad humours in it, the pulse is intermittent. This skilful anatomist says, that he made these remarks before Nihill, an English physician, who wrote on the pulse many years ago. Baillon, who thought that melancholia had its principal seat in the liver, observed that patients in this disease, instead of experiencing pain in the hypochondrium, referred it to the chest.*

Sometimes pain from this source is felt in the heart, and still oftener in the stomach; sometimes in the left hypochondrium, in the spleen; at others in the umbilicus, small intestines, kidneys, and especially in the right one. These variations arise from the operation of nervous sympathy. Many facts prove the fallacy of the opinion, *ubi dolor ibi morbi sedes.* We have seen, in one of the cases quoted from Valsalva, that a fatal disease of the lungs was referred to the liver, and how easy would it be to multiply examples of this kind?† The spleen has been thought diseased when the liver

* Baillon Consil. Med. T. Q. p. 131, Annot.

† The case referred to is the following:—A patient had, three years previous to the present illness, an acute fever, which terminated critically by suppuration in the glands. After this he had an intermittent fever, which teased him a long time, and at last he recovered. He remained pale and thin. At times he experienced great difficulty of breathing. His sleep was disturbed; his urine red, with high fever. He complained of pain beneath the *right false ribs, and below the zyphoid cartilage, which was increased on pressure.* At the commencement of these symptoms he had *vomiting and purging, a cough,* at first *moist,* but in a few days *dry* and obstinate, with inability to lie on either side. He experienced also an acute sensation of heat in the back and right kidney. The pulse was quick, frequent, weak, intermitting, and irregular. Valsalva was at first doubtful respecting the seat of the disorder, but as no pain had been felt in the chest, and the patient always held his hand in the neighbourhood of the liver, he considered this viscus to be the part affected. The patient grew rapidly worse: the difficulty of breathing was extreme; the pulse became daily more weakened; and he died on the seventh

the

liver was affected; the same mistake has been made with the right kidney, and vice versa. Acute pain in the umbilicus, produced by calculi in the gall bladder and biliary ducts, has been referred to worms in the intestines; and Morgagni relates a case of *ulcerated cancer* of the mesentery, mistaken for disease of the liver.

It is ascertained that itching at the end of the nose, with or without the *risus sardonicus*, which have been generally ascribed to worms, have been occasioned by an affection of the liver and diaphragm. The pain at the lower part of the neck above the right shoulder, extending down the arm, has been also proved to be the effect of this disease. In some cases where the left lobe was principally affected, the patients have experienced pain in the left shoulder, no doubt from the affection of the left diaphragmatic nerve. In other cases, pain has been felt in both arms and shoulders, probably from a greater extension of the disease. As the affection of the shoulders and arms are also felt in angina pectoris, we can readily see how the diseases of the diaphragmatic nerves will produce the same in diseases of the liver.

Spasmodic contractions of the diaphragm are often occasioned by diseases of the liver. This was previously remarked by Fernelius. The sensation is described as though the patient is bound with a cord—*Quasi fune stringeretur.*

Hepatic pains, though obscure, if of long continuance, naturally lead to the suspicion of morbid alteration in the structure of the liver. It is necessary to prevent, if possible, this change from taking place, since, if once confirmed, the disease is for the most part incurable. Inflammation is a frequent consequence, and the termination of this is well known. With a view, therefore, both to our prognosis and treatment, we must be particularly attentive to the nature of this pain; we must inquire whether it be acute or otherwise, whether temporary, durable, or periodical; fixed or wandering; and whether it be accompanied with alarming symptoms or not.

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day. On dissection, all the viscera of the abdomen were sound, excepting the kidney, whose size was four times larger than usual. In the left cavity of the chest were found two pints of limpid fluid; in the right the fluid was somewhat thicker, with shreds of coagulable lymph floating in it. The lungs did not adhere to the pleura, but the right, without being increased in size, was indurated by previous inflammation. The pericardium contained more fluid in its cavity than usual. The right auricle and ventricle of the heart, independently of polypous concretion, which they contained, were full of coagulated blood. In the left ventricle there was also coagulated blood, but in smaller quantity.

A consideration

A consideration of the cause will materially assist us in these respects. Pain may be very acute in melancholic or hysterical subjects, and in irritable children, without very serious consequences. It is sometimes extremely acute, with vomitings and convulsive motions, in those who have biliary calculi. Nevertheless, if we touch or lightly compress the part in pain, we do not occasion the same increase of the distress as if it arose from any other cause; and especially if from inflammation.

The most acute pains from biliary calculi cease, as it were by a charm, when the concretions are passed into the duodenum. They may then in general be considered to be free from danger, however intense. On the contrary, the pain is so obscure in scrofulous subjects, that matter may be formed to a considerable extent with scarcely a suspicion of the nature of the disease, as we have frequently discovered on dissection after death.

When combined with fever, it always requires the greatest attention, as it indicates an inflammatory disposition; and as, in scrofulous affections, this rarely takes place until the last stages, we shall be able, from the knowledge of this circumstance, to form a correct estimate of the degree of danger with which the symptom is attended, from a consideration of the particular constitution of the patient.

(To be continued.)

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

ROYAL SOCIETY.—On Thursday the 17th of March, a paper by Dr. CRICHTON, of St. Petersburgh, was read, on the means by which vitality is supplied to the living system.

Dr. Crichton conceives that there is a continual waste of vitality during life, and therefore that a regular supply is necessary. He thinks that this vitality is furnished by the food, and believes that the food contains particles endowed with vitality, and that this vitality is neither destroyed by the destruction of the organic texture, nor by the heat to which the food is exposed. He made decoctions of camomile, feverfew, nutgalls, &c. in distilled water, put the decoctions into glass jars inverted over distilled mercury, and introduced into them oxygen gas obtained from black oxide of manganese. Numerous confervas made their appearance in these decoctions, and considerable portions of the gas were absorbed. From these experiments he concludes that there are two kinds of particles of matter, namely, organic particles and inorganic particles; and that the vitality of the first is not destroyed by boiling water. In general he found that vegetation commenced soonest when the decoction of flowers is used, and latest when that of roots.

Case

Case of Anasarca occurring in a man eighty-four years of age, cured, after many other methods had failed, by *frictions with powder of digitalis, mixed with saliva.*—Twenty grains of the powder to a coffee spoonful of saliva were rubbed in daily at first, and the quantity increased to forty grains. In about a week, a very copious flow of urine took place, and the patient sweated more than usual. He continued under this treatment about a month, and at length regained perfect health, in which state he has continued ever since, a period of nearly four years.—*Journal de Medecine.*

Mr. FORMAN, an ingenious glass-manufacturer upon the Wear, near Sunderland, has devised a convenient means for taking and preserving vaccine matter. The instrument is a small glass ball with a tube issuing from it, very similar to a cracker, as it is called, which mischievous boys put into candles to cause an explosion. The pustule from which the virus is to be taken being punctured by a lancet in the usual manner, the small ball or bulb is to be heated at a candle so as to rarefy the air within it, and after it is sufficiently warmed, the end of the little tube is to be inserted where the lancet had made the puncture, and the virus will immediately be taken up, so as to fill the bulb. The end of the tube is now to be hermetically sealed by means of a common blow-pipe at the flame of the candle, which is a very simple process; and thus the virus may be preserved for any length of time, and sent to any distance. If for immediate use, the tube need not be sealed, but may be secured in any convenient manner. Any requisite number of these balls may be employed, and it is proper to remark, that the virus is never heated much above blood heat.

Fossil Human Skeleton, placed among the minerals in the British Museum.—The mass of stone bearing the skeleton, is fixed nearly erect in one of the glass compartments: it is little more than four feet long, about two broad, and from four to nine inches thick. Although the head, neck, and feet are wanting, it is evident that the being to whom these bones belonged must have been of a stature rather less than men in general. The finger-bones of the left hand are situated so closely between those of the pelvis and thigh, being almost touching, that all the integuments must have been destroyed before these bones were enveloped with the calcareous matter. The block itself is a fine granular limestone, neither so compact as to appear uniformly crystallized, nor so porous as our common calcareous sandstones. There is some very similar limestone in the neighbourhood of Maidstone and West Malling, in Kent; the chief difference being that parts of the fragments of shells in this Guadaloupe stone are a bright red, while those in the Kentish stone are grey or yellow. Its fracture presents an appearance between that of a calcareous stone formed by simple deposition, and by imperfect crystallization; it is just such as might reasonably be expected to be formed in the vicinity of a volcano, where the solvent was considerably above the natural temperature of water, and much below that of metallic fusion.

M. J. J. VIREY has published in Paris a small pamphlet on the aphrodisiac

aphrodisiac virtues of several plants, particularly of the one described in Holy Writ under the Hebrew name *Dudaim*, which Rachael, on a certain occasion, was so anxious to obtain. This word has been rendered *mandrake* in our version, but M. V. contends that the mandragora differs essentially from the plant called Dudaim; and that in particular, this latter being described in the Songs of Solomon as bearing flowers of a very sweet smell, it cannot be the mandragora, whose flowers are completely of an opposite character. The author is said by the Parisian Reviewers to have demonstrated almost to evidence, from the etymology of the word, the period in which the plant flowers, its several botanic characters, and its physical and medical qualities, that the *Dudaim* is one of the *Orchis* family, and probably the same plant from which salep is prepared. *Vanilla*, obtained from a plant of this class, is known to possess similar powers, as is experienced by those who largely make use of chocolate.

On the 7th of April, Mr. Charles Bell, late Consulting-Surgeon to the Northern Dispensary, was elected one of the Surgeons to the Middlesex Hospital, in the place of the late Mr. Witham.

Mr. Joseph Hopkins will deliver a Course of Lectures on the Theory and Practice of Midwifery, at the Westminster Lying-in Institution, every month.

Theatre of Anatomy, Bartlett's-court, Holborn.—Mr. John Taunton, F.A.S. will commence his Summer Course of Lectures on Anatomy, Physiology, Pathology, and Surgery, on Saturday, May the 28th, 1814, at eight o'clock in the evening; which will be continued every Tuesday, Thursday, and Saturday, at the same hour.

Mr. Carpue will commence his Lectures on Anatomy, Surgery, &c. early in June.

Dr. Davis will commence his Summer Course of Lectures on the Theory and Practice of Midwifery, and on the Diseases of Women and Children, on Monday the 6th of June, at nine o'clock.

According to the report of several *Apothecaries* residing in various districts of the metropolis, the following was the average of the diseases in London between February 20th and March 19th:—

Amentia	1	Cephalæa	2
Anasarca	22	Chlorosis	17
Angina Pectoris	1	Cholera	18
Ascites	12	Chorea	1
Asthma	183	Cephalalgia	44
Acne	2	Colica	21
Apoplexia	19	Catarrhus	515
Aphtha	17	Convulsio	32
Amenorrhœa	30	Carditis	1
Asthenia	56	Cynanche Tonsillaris	105
Abortio	23	——— maligna	8
Bronchitis acuta	24	——— Trachealis	4
——— chronica	26	——— parotidea	20
Cancer	6	Cystitis	1

Diabetes	2	Nausea	1
Dysenteria	17	Nephritis	7
Diarrhœa	108	Obstipatio	63
Dyspnœa	55	Ophthalmia	60
Dyspepsia	153	Palpitatio	1
Dysuria	7	Paralysis	15
Ecthyma	8	Phthisis Pulmonalis	49
Erythema	5	Pertussis	92
Erysipelas	61	Peritonitis	14
Enteritis	12	Phrenitis	4
Entrodynia	19	Pneumonia	147
Enuresis	6	Pleurodyne	4
Epilepsia	12	Podagra	33
Febris remittens	133	Porrigo larvalis	6
—— intermittens	22	—— scutulata	5
—— puerpera	5	—— favosa	4
Fungus Hæmatodes	1	Psoriasis	13
Gastritis	2	Purpura	2
Gastrodynia	45	Pyrosis	10
Hæmatemesis	2	Rachitis	3
Hæmaturia	2	Rheumatismus acutus	92
Hæmoptoe	27	—— chronicus	105
Hæmorrhois	33	Rubeola	22
Hepatitis	33	Scabies	95
Hysteria	34	Scarlatina simplex	20
Hysteritis	3	—— anginosa	14
Hydrocephalus	22	—— maligna.	1
Hydrothorax	10	Splenitis	3
Herpes	28	Scrofula	30
Hypochondriasis	15	Synochus	8
Icterus	16	Tabes Mesenterica	12
Impetigo	13	Tic Douloureux	1
Ischuria	13	Trismus	1
Leucorrhœa	36	Typhus	10
Lithiathis	1	Variola	4
Lepra	2	Varicella	2
Lichen	2	Vermes	33
Mania	13	Vertigo	26
Menorrhagia	30	Urticaria	10
Miliaria	1		
Morbi Infantiles	197	Total	3623
—— Biliosi	172		

The Deaths in the Bills of Mortality from February 15th to March 15th, 1814, according to the returns of the *Parish Clerks*, were as under:—

Males	913
Females	778
Total	1691

LONDON

LONDON PRICES OF DRUGS.—April 22.

(To be continued regularly.)

	£.	s.	d.	£.	s.	d. per
Aloes Barbadoes, from	20	10	0 to	21	0	0 C.
—— Cape	10	0	0 ..	11	0	0 —
—— Succotrina	20	0	0 ..	0	0	0 —
—— Epatica or E.I.	14	0	0 ..	16	0	0 —
Angelica Root	13	0	0 ..	14	10	0 —
Alkanet Root	6	0	0 ..	6	10	0 —
Antimony Crude	3	0	0 ..	3	5	0 —
Aqua Fortis	S.	G	8 ..	D.	1	1 lb
Arrow Root fine	0	2	0 ..	0	3	6 —
—— ordinary	0	1	0 ..	0	1	6 —
Arsenic Red	5	0	0 ..	0	0	0 C.
—— White	3	3	0 ..	0	0	0 —
Balsam Capivi	0	6	0 ..	0	6	3 lb.
—— Peru	1	0	0 ..	1	1	0 —
—— Tolu	0	14	0 ..	0	14	6 —
Bark Jesuits Com.	0	3	6 ..	0	4	0 —
—— Second	0	6	0 ..	0	7	0 —
—— Quil or best	0	8	0 ..	0	10	0 —
—— Red	0	7	0 ..	0	10	0 —
—— Yellow	0	4	6 ..	0	5	0 —
Borax refined E.I.	none.					
—— English	0	3	9 ..	0	4	0 lb.
—— unrefined or Tinc.	10	0	0 ..	11	0	0 C.
Camphire refined	0	8	9 ..	0	9	0 lb.
—— unrefined	28	0	0 ..	32	0	0 C.
Cantharides	0	10	0 ..	0	10	3 lb.
Cardamoms (best)	0	7	0 ..	0	12	0 —
Cassia Buds	36	0	0 ..	}	0	0 C.
—— Fistula W.I.	6	10	0 ..	} in bond		—
—— Lignea	25	0	0 ..	}	0	0 —
Castorum American	2	10	0 ..	2	15	0 lb.
—— Russia	11	0	0 ..	0	0	0 —
Castor Oil per bottle 1½ lb.	0	3	9 ..	0	4	3 bo
Cocculus Indicus	6	0	0 ..	7	0	0 C.
Colocynth Turkey	0	5	0 ..	0	5	6 lb.
Columbo Root	4	15	0 ..	6	0	0 C.
Cream of Tartar	8	0	0 ..	8	10	0 —
Gallangal East-India	5	0	0 ..	0	0	0 C.
Gentian Root	3	5	0 ..	3	6	0 —
Ginseng	0	1	6 ..	0	0	0 lb.
Grains of Guinea	6	0	0 ..	6	10	0 C.
Gum Ammo. Drop	30	0	0 ..	0	0	0 —
—— Lump	8	0	0 ..	9	0	0 —
—— Animi	3	10	0 ..	7	10	0 —
—— Arabic E.I.	2	0	0 ..	4	0	0 —
—— Turkey Fine	10	10	0 ..	14	14	0 —
—— Barbary	7	7	0 ..	8	0	0 —
—— Assafœtida	10	0	0 ..	15	0	0 —
—— Benjamin	8	10	0 ..	35	0	0 —
—— Cambogium	20	0	0 ..	26	0	0 —
—— Copal scraped	0	3	0 ..	0	4	6 lb.
—— Galbanum	16	0	0 ..	20	0	0 C.
Gum Guaiacum, from	0	2	6 to	0	3	0 lb.
—— Mastic	0	4	6 ..	0	4	9 —
—— Myrrh	15	0	0 ..	18	0	0 C.
—— Olibanum	6	0	0 ..	7	0	0 —
—— Oppoponax	80	0	0 ..	0	0	0 —
—— Sandrac	9	0	0 ..	10	0	0 —
—— Seneca Garbled	5	2	0 ..	5	5	0 —
—— Tragacanth	36	0	0 ..	38	0	0 —
Jalap	0	5	0 ..	0	5	3 lb.
Ipecacuanha	1	0	0 ..	1	1	0 —
Isinglass Book	0	10	6 ..	0	11	0 —
—— Leaf	0	10	6 ..	0	11	0 —
—— Long Staple	0	10	6 ..	0	11	0 —
—— Short Staple	0	10	6 ..	0	11	0 —
Manna Flakey	0	5	3 ..	0	5	6 —
—— Sicily in Sorts	0	4	0 ..	0	4	3 —
Musk China	0	18	0 ..	1	0	0 oz.
Nux Vomica	3	0	0 ..	3	10	0 C.
Oil of Vitriol	0	0	3½	0	0	0 lb.
Opium East-India	1	2	0 ..	1	3	0 —
—— Turkey	1	9	0 ..	1	10	0 —
Pink Root	0	4	0 ..	0	4	6 —
Quicksilver	0	4	10 ..	0	4	11 —
Rhubarb East-India	0	6	0 ..	0	10	0 —
—— Russia	0	18	0 ..	1	0	0 —
Saffron Spanish	2	5	0 ..	2	10	0 —
—— French	1	15	0 ..	2	0	0 —
Sago	7	0	0 ..	8	0	0 C.
Sal. Ammoniac	10	10	0 ..	11	0	0 —
Sarsaparilla	0	3	0 ..	0	3	6 lb
Sassafras	7	0	0 ..	8	0	0 T.
Scammony Aleppo	1	6	0 ..	1	7	0 lb.
—— Smyrna	0	10	0 ..	0	12	0 —
Senna	0	3	0 ..	0	3	6 —
Seeds Anni Alicant	6	0	0 ..	6	10	0 C.
—— Coriander English	1	10	0 ..	1	16	0 —
—— Cummin	7	0	0 ..	7	10	0 —
—— Fenugreek	1	10	0 ..	1	15	0 —
Shellack	7	10	0 ..	10	0	0 —
Sticklack	6	0	0 ..	8	0	0 —
Snake Root	0	0	0 ..	0	0	0 lb.
Soap Castile or Spanish	12	0	0 ..	14	0	0 C.
Spermaceti refined	0	2	3 ..	0	0	0 lb.
Tamarinds West-India	8	10	0 ..	9	0	0 C.
Tapioca Lisbon	0	0	8 ..	0	1	0 lb.
Turmeric Bengal	5	10	0 ..	0	0	0 C.
—— China	6	10	0 ..	7	0	0 —
—— West-India	8	0	0 ..	9	0	0 —
Verdigris Wet	0	3	6 ..	0	0	0 lb.
—— Dry			5	0 ..	0	5 2 —
—— Crystallized	0	8	6 ..	0	9	0 —
Vitriol Roman	0	0	7 ..	0	0	0 —
—— Foreign white	4	0	0 ..	4	10	0 C.

OBSERVATIONS.

At recent Sales of Merchandize by Auction, Messrs. Bowden and Tucker sold, on the 21st of April, 16 chests fine Pale Peruvian Bark, bonded, 7s. 5d. to 7s. 7d. per lb.—6 chests Rhubarb, 2s. 5d. to 5s. 7d. per lb.—4 bales Gum Tragacanth, 11l. per cwt.—20 bales Alkanet Root, 6l. 17s. 6d. per cwt.—3 chests and 2 casks Gum Arabic, 10l. to 11l. 15s. per cwt.—31 casks and 1 bag Lisbon Isinglass, 1s. 3d. to 2s. 2d. per lb.—1 chest Liquorice, 10l. per cwt.—1 chest Gum Galbanum, 10l. 10s. per cwt—10 stands Burgundy Pitch, 75s. per cwt.

Monthly Prices of SUBSTANCES *used in* PHARMACY,

At Messrs. SELWAY and HENLEY's (Chemical and Pharmaceutical Laboratory,) 35, Upper Mary-le-bone Street, Portland Place.

(*To be continued regularly.*)

	s.	d.
Acetum Scillæ ..... lb.	2	0
Abietis Resina ..... lb.	2	3
Acaciæ Gummi	2	3
——— elect.	3	3
Acidum Aceticum .... cong.	3	8
——— Benzoicum ..... lb.	6	0
——— Oxalicum	18	0
——— Boracicum	24	0
——— Nitricum	4	6
——— Nitrosum	2	6
——— Muriaticum	0	8
——— Sulphuricum	0	6
——— Arom. ..	5	0
Alcohol sp. gr. 815 M. lb.	5	6
Æther sulphur. sp. gr. 789	10	0
——— rectificatus sp. gr. 744	12	0
Ærugo ..... lb.	7	0
Aloes spicatæ extractum	5	6
——— vulgaris extractum	4	4
Alumen	0	4
——— exsiccatum	0	8
Ammoniæ Murias	2	4
..... Carbonas	3	6
..... Nitras	5	6
Amygdalæ Amaræ		
——— Dulces	5	8
Ammoniacum (Gutt.)	6	6
——— (Commun.) ..	3	6
Anthemidis Flores (com.) ..	1	9
——— (opt.)	2	0
Antimonium	3	0
Antimonii Sulphuretum	1	0
——— Oxydum		
——— Murias	3	9
Antimonium Tartarizatum ..	5	0
Arsenici Oxydum	0	10
Argenti Nitras	6	9
Assafœtida Gummi-resina ..	6	9
Aurantii Cortex	2	6
Balsamum Peruvianum	33	0
——— Tolutanum	15	0
Barytæ Murias	6	0
Benzoinum elect.	11	0
Bismuthum	3	0
——— Oxydum	16	0
Calamina præp.	0	3
Calumbæ Radix	2	6
Calx	1	0
Cambogia opt.	9	6
Camphora	9	6
Canella Cortex	3	4
Cardamomi Semina opt.	12	0
Cascarillæ Cortex	6	6
Castoreum ..... unc.	4	4

	s.	d.
Catechu Extractum	2	3
Cetaceum	3	0
Cera flava	3	6
——— alba	3	0
Ceratum Cetacei	3	0
——— Resinæ	2	8
——— Calamina	3	0
——— Plumbi superacet. ..	4	0
——— Lyttæ	4	0
——— Sabinæ	2	8
——— Plumbi Carb.	3	0
——— Comp.	3	8
——— Saponis	5	0
Cinchonæ cordifoliæ Cortex (yellow)	9	0
——— lancifoliæ Cortex (quilled)	13	0
——— oblongifoliæ Cortex (red)	16	0
Cinnamomi Cortex	16	0
Coccus (Coccinella)	64	0
Colocynthidis Pulpæ .... M.	8	0
Copaiba	7	0
Colchici Radix ..... P.	3	7
Croci stigmata ..... unc.	4	0
Cupri sulphas ..... lb.	1	0
Cuprum ammoniatum	6	0
Curcuma	2	6
Cuspariæ Cortex	4	0
Confectio Aromatica	8	6
——— Aurantii	2	9
——— Opii	4	6
——— Rosæ Caninæ	1	8
——— Gallicæ	2	0
——— Scammoniæ	15	0
——— Sennæ	2	0
Emplastrum Ammoniaci	8	0
——— Cumini	2	0
——— Galbani Comp. ..	2	6
——— Lyttæ	6	6
——— Opii	2	6
——— Plumbi	1	6
——— Resinæ	1	6
——— Roborans	2	0
——— Hydrargyri	2	6
Extractum Anthemidis .. unc.	1	0
——— Belladonnæ	1	0
——— Cinchonæ .. unc.	3	0
——— resinos.	4	0
——— Colocynthidis	2	0
——— comp.	1	0
——— Conii	0	6
——— Gentianæ	0	5
——— Glycyrrhizæ ... lb.	3	0

Extractum

	s.	d.
Extractum Hæmatoxyli .. unc.	0	5
—— Humuli	0	6
—— Hyoscyami	1	0
—— Jalapæ 1s. 6d. Res.	2	8
—— Opii	3	6
—— Papaveris	0	6
—— Rhæi	2	4
—— Sarsaparillæ	0	10
—— Taraxaci	0	6
Ferri carbonas ..... lb.	0	9
—— sulphas	1	0
Ferrum Ammoniatum	3	6
—— Tartarizatum	4	0
Galbani Gummi-resinæ	7	6
Gentianæ Radix	1	0
Guaiaci Resina	6	0
Hydrargyrus purificatus	5	6
—— cm Creta	4	0
Hydrargyri Oxymurias	8	0
—— Submurias	8	6
—— Hydros.	10	0
—— Nitrico-Oxydum ..	8	6
—— Oxydum Cinereum	16	0
—— Rubrum	5	0
—— Sulphuretum Nig.	3	6
—— Rub.	8	0
—— Præcipitatus Alb.	8	0
Hellebori nigri Radix	2	6
Ipecacuanhæ Radix	22	0
—— Pulvis	23	0
Jalapæ Radix	6	0
—— Pulvis	6	6
Kino	12	0
Liquor Plumbi Acetatis M. lb.	1	0
—— Ammoniæ .... P.L.	2	8
—— Arsenicalis	2	0
—— Potassæ	0	9
—— Vol. Corn. Cerv.	1	3
Linimentum Camphoræ comp.	5	6
—— Saponis comp. ..	5	6
Lichen Islandicus ..... P. lb.	1	9
Lyttæ	13	6
Magnesia	3	6
—— Carbonas	3	9
—— Sulphas	1	3
Manna optima	8	6
—— communis		
Mel Rosæ	2	6
—— Despumat	3	0
Moschus pod, 24s. in gr. unc.	40	0
Mastiche ..... lb.	5	6
Myristicæ Nuclei	25	0
Myrrha elect.	6	6
Olibanum	3	0
Opoponax	23	0
Opium (Turkey)	34	0
—— (East India)		
Oleum Amygdalæ ..... lb.	5	4
—— Anisi ..... unc.	2	6
—— Anthemidis	3	0

	s.	d.
Oleum Cinnamomi Cassiæ ..	8	0
—— Caryophilli	5	0
—— Cajuputi	8	0
—— Carui	1	3
—— Juniperi	0	9
—— Lavandulæ	4	0
—— Lini ..... cong.	8	6
—— Menthæ piperitæ unc.	4	6
—— viridis	3	0
—— Olivæ ..... cong.	35	0
—— secundum		
—— Origani ..... unc.	2	0
—— Pimentæ	4	6
—— Ricini optim. (per bottle)	10	0
—— Rosmarini ..... unc.	0	9
—— Succini .. 2s. 4d. rect.	2	6
—— Sulphuratum .. M. lb.	1	6
—— Terebinthinæ	2	0
—— rectificatum	2	0
Oxymel Scillæ	3	0
Papaveris Capsulæ (per 100)	2	4
Plumbi Carbonas ..... lb.	0	8
—— Superacetas	2	2
—— Oxydum semi-vitreum	0	6
Potassa Fusa ..... unc.	0	6
—— cum Calce	1	6
Potassæ Nitras ..... lb.	1	0
—— Acetas	8	0
—— Subcarbonas	1	2
—— Carbonas	4	0
—— Sulphas	1	0
—— Sulphuretum	1	6
—— Supersulphas	3	0
—— Tartras	3	0
—— Supertartras	2	0
Pilulæ Hydrargyri	6	0
—— Aloes comp.	8	0
—— cum Colocynth.	16	0
—— Saponis cum Opio ..	18	6
—— Scillæ Compos.	6	6
—— e Styrace	48	0
Pulvis Antimonialis	6	6
Quassiæ Ras	2	4
Resina Flava	0	5
—— Nigra	0	8
Rhæi Radix (Russia)	30	0
—— (East India)	12	0
Rosæ Folia	10	6
Sapo (Spanish)	2	6
Sarsaparilla Radix	5	0
Scammoniæ Gum-Resina unc.	2	8
Scilla Radix siccata ..... lb.	4	6
Senegæ Radix		
Sennæ Folia	6	0
Serpentariæ Radix		
Simaroubæ Cortex	4	0
Sodæ Boras	3	9
—— Carbonas	1	0
—— Subcarbonas	1	4
—— exsiccata	2	8

Soda

	s.	d.
Sodæ Sulphas	0	8
—— Phosphas	2	8
—— Acetas ..... unc.	0	10
Soda tartarizata ..... lb.	2	4
Spongia usta	20	0
Spiritus Ammoniæ .... M lb.	4	0
—— aromaticus	4	6
—— fœtidus ..	3	6
—— succinatus	4	6
—— Cinnamomi	3	6
—— Juniperi C.	3	0
—— Lavandulæ	4	6
—— Myristicæ	3	0
—— Pimentæ	3	0
—— Rosmarini	3	6
—— Ætheris Aromaticus	6	0
—— Compositus	6	0
—— Nitrici sp. gr. 860	5	6
—— Sulphurici	6	0
—— Vini rectificatus	28	0
Syrupus Aurantii	1	8
—— Rutæ	1	8
—— Papaveris	2	0
—— Violæ	2	10
—— Rhei	2	10
—— Rhamni	2	0
—— Croci	3	0
Sulphur Sublimatum	0	6
—— Lotum	1	0
—— Præcipitatum	1	0
Tamarindus opt.	2	6
Terebinthina Vulgaris	0	9
—— Canadensis		
—— Chia		
Tragacantha Gummi .... lb.	10	0
—— Pulvis	10	6
Tinctura Aurantii .... M. lb.	4	0
—— Aloes	4	0
—— Composita ..	6	0
—— Assafœtidæ	5	6
—— Balsa. Tolut.	5	6
—— Benzoini Comp. ..	5	6
—— Camphoræ Comp.	4	0
—— Cardamomi	4	0
—— Comp.	4	6
—— Calumbæ	4	0
—— Capsici	4	0
—— Cascarillæ	4	6
—— Castorei	7	0
—— Catechu	4	0
—— Cinchonæ	6	0
—— Compos.	6	0

	s.	d.
Tinctura Cinchonæ Ammon.	7	0
—— Croci	6	6
—— Digitalis	4	6
—— Ferri Ammoniati	4	0
—— Cinnamomi	4	6
—— Comp.	4	6
—— Gentianæ Comp.	4	0
—— Guaiaci	6	0
—— Ammon.	6	0
—— Hellebori Nigri	4	6
—— Humuli	5	0
—— Hyoscyami Nig.	4	6
—— Jalapæ	4	6
—— Japonica	4	6
—— Kino	4	6
—— Lyttæ	4	0
—— Myrrhæ	4	6
—— Opii	6	6
—— Camphorat.	4	6
—— Quassiæ	4	0
—— Rhei	4	6
—— Comp.	4	0
—— Scillæ	4	6
—— Sennæ	4	6
—— Serpentariæ	6	0
—— Valerianæ	4	6
—— Amm.	5	6
—— Zingiberis	4	6
Valerianæ Radix	1	8
Veratri Radix	1	6
Unguentum Hydrargyri-fortius	5	0
—— Nitratis	3	3
—— Nitrico-oxy.	2	9
—— Sulphuris Comp.	2	0
—— Sambuci	2	0
—— Virio	1	8
—— Althææ	2	0
—— Cetacei	3	6
—— Veratri	1	8
—— Zinci	2	0
—— Hyd. præcip. Alb.	3	0
—— Picis	1	6
Uvæ Ursi Folia	2	4
Vinum Aloes	5	6
—— Antimoniale	3	0
—— Ferri	3	6
—— Ipecacuanhæ	5	6
—— Opii	8	0
Zinci Oxydum	4	6
—— Sulphas purif.	2	0
—— Acetas ..... unc.	1	6
Zincum ..... lb.	1	6
Zingiberis Radix opt.	2	4

English Leeches 14s. per dozen.

Foreign Leeches, in general as good as the English, 36s. to 40s. per hundred.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 36s.—1 oz. 30s.—½ oz. 24s.

METEO-

METEOROLOGICAL REGISTER.

From March 25th, to April 25th, 1814.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Temperature. Max.	Min.	
	26	W	29·79	29·63	51	44	Fair
	27	W	29·88	29·84	57	38	Fair
◑	28	SW	29·84	29·60	60	42	Fair
	29	SE	29·70	29·52	59	37	Cloudy
	30	W & SW	29·91	29·77	60	38	Fair
	31	W	29 90	29·81	50	47	Cly&Rain
	1	W	29·70	29·52	51	38	Cloudy
	2	W	29 50	29·47	52	45	Rain
	3	SW	29 60	29·56	59	38	Fair
○	4	EN EtoSE	29 69	29 61	58	35	Fair
	5	E by S	29·86	29·73	57	36	Fair
	6	S by W	30·07	29 93	58	38	Fair
	7	SE	30.19	30·02	56	39	Fair
	8	SSE	30·22	30·18	56	34	Fair
	9	E by S	30·20	30 10	57	37	Fair
	10	E by S	30·10	30·01	62	38	Fair
	11	E by S	30·—	29·93	64	39	Fair
◐	12	SE	29·86	29·82	68	48	Fair
	13	SE	29 83	29,70	73	44	Fair
	14	S	29·65	29·54	70	44	Fair
	15	S by W	29·56	29·49	70	47	Rain
	16	W	29·54	29·49	61	48	Fair
	17	SW	29·61	29 56	60	47	Fair
	18	SW	29·62	29·54	69	48	Fair
	19	SW	29·71	29·66	69	46	Fair
●	20	SW	29 71	29·68	68	46	Fair
	21	W by S& NW	29·75	29·70	59	39	Cl.& Showers
	22	NW	30·—	29·80	59	38	Cl.& Showers
	23	NW	30·02	29·86	58	39	Cl.& Showers
	24	NW	29·84	29·80	57	40	Brisk Wind & Showers
	25	NE	29·84	29·84	50	39	Cl.& Showers

RESULTS.

Mean barometrical pressure	29·71	Mean temperature	50·78 deg.
Maximum 30·22 inc. wind at	SSE	Maximum 73, the wind at	SE
Minimum 29·47 ——	W	Minimum 34, ——	SSE

Scale exhibiting the prevailing Winds during the Month.

N	NE	E	SE	S	SW	W	NW
0	1	0	10	1	9	6	4

	Mean barometrical pressure.	Mean temperature.
From the first quarter on the 28th March, to the full moon on the 4th April	29·67	48·3
—— full moon, to the last quarter on the 12th	29·96	47·0
—— last quarter, to the new moon on the 20th	29·50	55·3
—— new moon, to the first quarter on the 26th	29·70	52·5

April 26th.—Few remarks are necessary to assist the preceding observations.

vations. After the sudden breaking up of the frost last month, the weather became gradually more mild, and the temperature progressively increased until the 21st of the present month. During this period the wind has been variable between the limits of the quarters S and W. The rapid progress of vegetation was distinctly visible from day to day. In a single week (from the 11th to the 18th) nature assumed her accustomed verdancies. This had hitherto been checked by what we may consider the encroachment of winter, and is again materially impeded, for since the 21st the wind has been shifting towards the north, the days are checquered with frequent showers and partial gleams of sunshine, and the atmosphere is consequently unusually damp and chilly, although the general temperature of the twenty-four hours is not much decreased.

Catarrhal and pulmonic affections still claim the chief attention of the practitioner. Hooping cough has become more frequent. Several cases of ophthalmia with febrile symptoms have occurred; and anasarca, chiefly of the lower extremities, has much prevailed, especially in females, who did not appear to have lived intemperately.

MONTHLY CATALOGUE OF MEDICAL BOOKS.

ABERNETHY's Lectures on the Probability and Rationality of Mr. Hunter's Theory of Life. 8vo. 4s. 6d.

Beck on Veterinary Medicine and Therapeutics, &c. &c. 8vo. 10s. 6d.

Goodlad's Essay on the Diseases of the Vessels and Glands of the Absorbent System, being the Substance of Observations which obtained the Prize for 1812, offered by the Royal College of Surgeons in London. 8vo 6s. 6d.

Higgin's Experiments and Observations on the Atomic Theory and Electrical Phenomena. 8vo. 6s.

Horsley's Remarks on the Pilcaithly and Dunbarney Mineral Waters in Perthshire. 12mo.

Pears on the Nature and Treatment of Consumption. 8vo. 4s.

Watts's Medical Dictionary, containing an Explanation of the Terms in Surgery, Medicine, Midwifery, Anatomy, Chemistry, &c. &c. Second edition; 12mo. 7s.

NOTICES TO CORRESPONDENTS.

Dr. Walker conceiving that he has been "calumniated in the last Med. and Phys. Journal, inasmuch as Dr. WALKER's [not the *London*] Vaccine Institution has been charged with a furtive conduct," desires us to insert the following statement:

"When the managers of the London Vaccine Institution determined on having a Director and Assistant-Director, after the manner of the National Vaccine Establishment, and elected Dr. Walker the Director, he called on Mr. Lawrence, and proposed to him the humiliation of consenting to become Assistant-Director—a mere nominal office, to which no duties were attached. Mr. Lawrence pleasantly observed, that humiliation was profitable to the mind, and consented.

"Mr. Lawrence afterwards disliking that his name should be continued, informed the Director that he intended noticing in the Journal that he took no part in the direction of the Institution, but promised to show him the notice before its insertion. Considerable genius and defective reminiscence sometimes meet in the same individual. Take a second proof of this observation. He did not show the notice. J. W."

Bond Court, Walbrook.

We are obliged to Mr. Weatherhead, and to several of our friends and correspondents, for communications, which will appear in our next Number.

THE

Medical and Physical Journal.

6 OF VOL. XXXI.] JUNE, 1814. [NO. 184.

" For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable series."—RUSH.

For the Medical and Physical Journal.

Facts and Observations relative to an Erysipelas infesting the Ship's Company of the Jalouse; by GEORGE HUME WEATHERHEAD, Surgeon to H. M. S. Jalouse.

ON joining the Jalouse in May 1813, my attention was soon put on the alert by the frequent occurrence of Erysipelas as a disease in the sick list, which at length, from becoming so prevalent, suggested the possibility that it might be contagious. Certainly no idea so readily occurred to explain a circumstance that appeared to me so singular, and I was urged by novelty sedulously to watch its propagation, and to trace if possible the history of those cases that had already occurred. The result of my inquiries did not forbid the prosecution of them, nor lessened the hope I had at first entertained of establishing a fact not generally admitted—that erysipelas is contagious.

I may observe that I had one advantage, in the present instance, peculiar to my situation. Where erysipelas occurs in a private family, even though two or three may successively have the complaint, this might never suggest the idea of infection: the superior ventilation of an house over that of a small ship; the little intercourse that may be between contiguous houses; or if even a visitor or neighbour should catch the disease, the chance that the same practitioner shall attend both cases; these taken into consideration would account for the oversight of a circumstance curious in itself, though perhaps not remarkably important as a physical consideration. In the present case, the opportunities a ship affords of making, and of ascertaining the truth of, such a remark, are more favorable. Infection in a small ship spreads rapidly, and although the contagion be weak, yet in a ship it must be conspicuous. The respiration of a number of men so crowded together soon contaminates the volume of

atmosphere below, the confined vent permits but very slowly a fresh succession of pure air, the unavoidable damp between decks embodies, and therefore fixes, the contagion of effluvia, and the necessary close intercourse of confinement propagates infection by contact. On the justness and reality of these circumstances, I trust the succeeding inferences are neither faithless nor unfounded.

To put the inferences at issue in a fair point of view, I subjoin a list of the men affected, copied from the sick list on-board, with the date of the attack and disappearance of the disease as put on or discharged the sick list, with concise remarks as to the part affected and contiguity of situation connecting the chain of infection from one birth to another.

Men's Names.	When put on sick list.	When disch^{d} sick list.	Part affected, and Remarks on the Cases.
Tho. Wilson	May 12	May 24	The disease first appeared as a pustule two inches below the knee, surrounded with an erysipelatous areola, which extended considerably in a few days—took two doses of a neutral salt, and had a bandage, kept constantly wetted with rum, applied round the part affected, until the disease disappeared. He is the next messmate of Philips, Grossard, and Cassey, persons who afterwards had the erysipelas.
Thomas Smith	— 25	— 31	A similar case in every respect, and received the same treatment. He is next messmate to Rozer and John Smith, persons afterwards affected.
Patrick Kane	— 25	— 29	Had the upper part of his foot abraded, which was shortly afterwards attacked with erysipelas. Although the erysipelas soon disappeared, the sore, though small, healed slowly. Sleeps next to Wilson, and messes next to Smith.
Patrick Kane (a second attack)	June 24	July 1	He was this time attacked below the knee in a similar manner to Wilson and Smith.
Tho. Grossard	— 28	— 9	Was affected in the usual place below the knee. On the 2d of July the glands in the groin of the same leg, and the skin covering them, were also attacked with erysipelas. Could the disease be extended through the lymphatics? He messes next to Wilson.

Stephen

Men's Names.	When put on sick list.	When disch^d sick list.	Part affected, and Remarks on the Cases.
Stephen Pitts	July 4	July 12	Right leg affected. He is a messmate of Grossard.
Peter Butler (an old man)	— 11	— 25	Strained his knee. A week afterwards the part injured became affected with erysipelas, which extended to the ancle, and left an œdematous swelling of the leg, tedious to remove. He sleeps next to Kane.
Gideon Ross	Sept. 17	Sept. 23	Erysipelas about the ancle. Sleeps near Grossard. He is next messmate to Wilson; he messes with Ritchy, and next to Philips and Cassey, persons afterwards affected.
Samuel Atkins	— 21	— 28	Fore-arm affected from the wrist to the elbow. He messes next to Grossard and Pitts.
Ja. Mathews	Oct. 1	Oct. 7	Left leg affected. He messes with Atkins.
T. Clotworthy	— 6	— 9	Hand affected. He also messes with Atkins.
Charles Lovell	— 7	— 18	Got a nail run in his heel, and the parts around the puncture assumed the erysipelatous inflammation. Pus was first secreted from the orifice, which in a few days changed to serum. He messes with Butler.
Tho. Wilson	— 20	— 25	A second attack. Leg affected.
John Smith	Nov. 14	Nov. 22	Erysipelas in the usual place below the knee. Messes next to Tho. Smith and Kane.
MichaelCassey	— 21	— 27	Left ancle affected. Messes next to Wilson.
Charles Lovell	Dec. 15	Dec. 29	Erysipelas returned in the heel.
Louis Rozer	— 26	Jan. 14	Hand and fore-arm so violently affected as to threaten mortification. Suppuration at length took place, situated over the back part of the metacarpal bones. It is singular that although nearly half a pint of healthy pus was discharged on opening the abscess, yet in four days after the discharge became perfectly serous. This unexpected circumstance suggested to me that the diffused, or, as it is termed, uncircumscribed tumor of erysipelas might be owing to effusion of serum in the equal and continuous extension

Men's Names.	When put on sick list.	When disch^{d} sick list.	Part affected, and Remarks on the Cases.
			of cellular membrane. This I put to the test in the case of Pitts, as stated hereafter. Messes next to John and Thomas Smith.
Samuel Philips	Jan. 7	Jan. 16	Leg affected. Next messmate to Ross and Wilson.
John Lucas	— 18	— 28	Arm affected, and although a black man, the disease was sufficiently characteristic. He is a messmate of Philips.
Stephen Pitts (a second attack)	— 21	Feb. 8	Left leg affected. Case annexed. Next messmate to Lucas.
Richard Allan	— 23	Jan. 27	Knee affected in the usual place. He is a messmate of Pitts.
James Ritchy	Feb. 5	Feb. 13	Received a cut in the palm of his hand, which was attacked with erysipelas, and extended to the fingers and back of the hand. The sore first suppurated, and latterly discharged serum. He messes with Gideon Ross.
Tho. Wilson (a third time affected)	— 11	— 15	The disease attacked the right side of the forehead, and extended over the supercilium to the eye-lids, which were so tumefied as almost to close up the eye.

The perusal of the above would lead us to conclude that, presuming the disease to be contagious, its sphere of action is limited to a few feet. The following partial history of the case of Pitts will introduce some observations I wish to make on erysipelas abstractly, and shew the general treatment used in the present disease.

Stephen Pitts, a robust young seaman, applied, on the 20th of last January, complaining of feelings of lassitude, general debility, and constant shiverings. On examination, his pulse beat natural, his tongue was clean, and skin as usual. As the weather was stormy, I thought he sculked, and therefore did not put him on the sick list; nevertheless he had a dose of one of the neutral salts. Next morning (21st) he came with an erysipelatous inflammation extending from the knee to the ancle, occupying nearly the whole circumference of the leg. He was affected with evident febrile symptoms, and complained of some drowsiness and much head-ache. On reference to the above list, this will be found to be a second attack of the same disease, though on the other leg. He is next messmate to Lucas, who now has the erysipelas.

Sumat

Sumat Sulph. Cupri
Pulv. Ipecac. ana. gr. x. ex aqua quam primum.

Let the affected leg be slightly surrounded with a bandage kept constantly wetted with rum, and to be kept horizontal. Vespere,—vomited freely, and has had a stool since. No alteration in the leg.

Continuetur spiritus.

22d.—Leg still much inflamed, and so tumefied as to render it of one thickness from the knee downwards. More glossy in appearance, and pits on pressure. He complains of increased head-ach aggravated by a dry cough, and of some pain in the chest.

Mitte sanguinis, ℥xx.
Rep. Sal medius.
Cont. spiritus ad crurem.

23d.—Salts operated copiously; blood firm; leg still highly inflamed, and yields an œdematous feel on pressure. Determined to ascertain if the tumefaction arose from effused serum, I thrust a lancet into the part most swollen and soft, when serum tinged with the blood from the puncture followed the lancet, but yet not so freely as the previous degree of softness had led me to expect. By squeezing I could urge the fluid at pleasure, though distant from the orifice, through the puncture, leaving the part compressed wrinkled and flabby. The puncture was covered with lint.

Cont. spiritus.

26th.—The puncture made by the lancet has discharged some healthy pus for these last two days. To-day the matter is wholly serous. Erysipelas considerably abated.

Cont. spiritus.

The remaining history of this case is no farther interesting. The small sore was dilatory in healing, and discharged serum to the last. After the erysipelas had entirely faded, an œdematous thickening of the skin remained, which stimulating embrocations and a tight bandage finally removed. I am inclined to think that a blister, repeated, and applied to a different part each time, would have proved a speedier means of discharging a part, and exciting the absorbents to carry off the remainder, of the effused serum, than the stimulus and support of a tight bandage.

There are circumstances attending this disease, the cases of which I have cited, singular in themselves, and difficult to explain, unless we admit the agency of an infecting cause. 1st, The length of time the erysipelas continued in the ship. 2dly, The impressive translation of it from messmate to messmate, and from birth to birth. 3dly, The disproportionate number of erysipelatous cases in the sick list com-

pared to that of any other disease. And 4thly, That cuts, bruises, or scratches should become erysipelatous, as in the cases of Ritchy, Butler, Lovell, and Kane. All these are to me inexplicable on any other supposition than that of infection. That diet could have no effect in inducing the disease is beyond a doubt, seeing the change from salt to fresh provision was frequent, and as is customary. That climate could neither produce nor influence the disease is as assuredly ascertained, seeing the complaint underwent no change whether in the summer's heat of Gibraltar, or during the intense winter's cold of a cruize in the Bay of Biscay.

Erysipelas has received the appellations of phlegmonous, bilious, œdematous, and gangrenous, according to the form it may put on. These distinctions of course are owing to other causes, than to any specific difference in these species of the disease. Where the constitution is robust, and the climate cold, it is natural to conceive that the phlegmonous erysipelas will be most frequent; where the climate is hot, or the temperament so predisposed, bilious erysipelas will be the prevailing type; and, by a parity of fact, erysipelas will assume an œdematous or gangrenous form where the constitution is debilitated, either naturally, or induced by preceding disease, or by bad air, or in short by any of those causes that depress the vigour of vital action. Permit me also to advance, *as possible*, erysipelas may take its peculiar type from the strength and nature of a contagion prevalent.

Doctrine apart, I cannot too confidently praise the eminent qualities of spirituous applications in erysipelas over all others. Farinaceous powders I suspect to be perfectly inert, and their use tolerated sheerly through the authority of prescription, and their being at least harmless. If matter should at any time exude, it can be nothing but the serum that escapes from the cellular membrane, and such also are the vesicles of erysipelas. The inordinate action of the extreme vessels excites the exhalents to pour out serum; and I am aware of no reason authorising us to conclude that this serum effused should be more acrid than that in the general circulating mass. Vesications, it is well known, are more numerous in the bilious and gangrenous, than phlegmonous erysipelas, as the greater existing debility in the former permits the easier and more external diffusion of the serum.

As erysipelas is more a disease of irritation than otherwise, it most commonly attacks the enfeebled and nervous. Irritability readily contracts the impression of contagion.

The œdema after erysipelas is invariably difficult to remove, for if the effusion is not discussed by absorption as the

the erysipelas decreases, it is a sure mark of topical lymphatic debility induced by the disease, or it is consecutive of general systematic relaxation. I am apt to think that this unabsorbed effusion is the principal occasion of superinducing gangrene. Its presence is a proof of debility either local or general; and if the enveloping cellular membrane possesses not vitality strong enough to resist or remove the sedative effects of an extravasated fluid, it must of course be involved in the same putrefactive decomposition the effused serum must in time undergo.

GEORGE HUME WEATHERHEAD.

Irish Station, Feb. 23, 1814.

For the Medical and Physical Journal.

Case of Diseased Liver cured by strong Mercurial Excitement; by Mr. R. SEMPLE.

JOHN CRAWLEY, aged 40, a labourer, applied to me as a parish pauper for relief for a pain in his thigh and knee, which he said came on from cold. There was nothing to be seen, and it was treated as a rheumatic affection, but without relief. The outside of the knee being the part chiefly affected, he was blistered and cupped, which gave him a little ease. Thinking he had no chance for a cure as an out-patient, I recommended his removal into the workhouse of this parish. An abstract of his treatment there is given as follows from my case book.

This man's case, which was a severe affection of the liver, put on so alarming an appearance during the progress of the disease, that I had no hopes of his recovery. Indeed my belief that this patient would die continued till the mercury began to have a very evident effect on his system. This then is another proof that a disease may go on, and continue unabated, till the action of the mercury on the constitution becomes apparent. To obviate constipation, purgatives of various kinds were administered to him, with relief of symptoms.

Feb. 21, 1814.—Complains of much pain in the region of the bladder. Makes water very frequently, and in small quantity. Hab. Calomel, gr. ij. m. & v.

23d.—Pain in the region of the bladder still severe. Applic. Emplastr. Lyttæ parti dolenti. Cont. Pil. Calomel.

26th.—The blister rose well, and afforded relief. Makes water more freely. Bowels costive. Omitt. Pil. Calom. Hab. Sulph. Sodæ, ʒi. statim.

27th.

27th.—Physic did not operate.

℞. Pulv. Jalap, ʒiſs. s. sumend.

28th.—Physic operated. Feels better. Complains of pains in the loins, and about the kidneys. Hab. Pilul. Hydrarg. No. ij. omni nocte.

March 2d.—As last report. Cont. Pil. Hydrarg.

3d.—Feels better. One motion. Blister healed. Makes water more freely. Hab. Cerevis. Londin. ℔j. in die.

4th.—A hæmorrhoidal tumor gives much pain. Costive.

℞. Pulv. Rhei. ℈j. s. s.

6th.—Says his urine is voided by drops, but at healthy intervals. Cont. Pil. Hydr.

8th.—Complains of much pain in the inferior edge of the liver, especially on pressure. Bowels open. Cont. Pilul. Hydr.

12th.—Pain still continues in the inferior edge of the liver. Stools greenish. Cont. Pilul.

13th.—One motion. Pil. Opii, gr. j. h. s.

14th.—Pain abated by the opium, but it has again come on. Mouth not affected. Omitt. Pil. Hydrarg. Perfric. Ung. Hydrarg. fort. ʒj. Region. Hepat. o. n.

15th.—Had a loose stool, mixed with bile. Cont. Ung.

17th.—Finds relief from the friction. Cont. Unguent.

20th.—Complains again of the pain. Pil. Opii, gr. iſs. h. s. Cont. Unguent. Hydrarg.

21st.—Rep. Ung. Hydr. & Opium, n. h.

24th.—No change. Rep. Ung. Augend. dos. Opii. ad gr. ij.

26th.—The region of the liver is so tender that he can no longer bear the friction. Perfric. Ung. Hyd. ʒi. femorib. B. costive.

℞. Submur. Hydrarg. gr. iv.
Pulv. Jalap. gr. x.
—— Zingib. gr. vi. M. ft. pulv. s. s.

30th.—No abatement of the pain, which is somewhat lower than before. Applic. Empl. Lyttæ Ampl. parti dolenti Mitte Cerat. Sabin. parti vesicat. Cont. Ung. Hydrarg.

31st.—Blister rose well, but did not afford much relief. Rep. Ung. Hydr.

April 1.—Mouth not yet affected. Omitt. Ung. Hydrarg.

℞. Submur. Hydrarg. gr. xviij.
Mic. panis, q. s. ut. ft. pil. vj. Capt. unam. m. & v.

3d.—This morning he has vomited a considerable quantity of purulent looking matter, which has afforded much relief. Pain in the hepatic region abated. Mouth slightly affected. Cont. Medicamenta.

4th.

4th.—Brought up a little more of the matter mentioned yesterday. Cont. Pil. Calom. & Cerat. Sabin.

5th.—Appears to sink. On examining his back, I perceived a jutting out of three of the last dorsal vertebræ, and, on inquiry, he said he had received a sprain three years ago, in lifting a load. The spinous processes are very painful on slight pressure. No apparent inflammation. I suppose a dislocation has taken place at the period above-mentioned. Mouth sore, with considerable ptyalism. Omitt. Calomel. Pil. Opii, gr. ij. h. s. (I mean always the crude opium.)

6th.—Feels the pain still severe in the hepatic and umbilical regions, and says it is much greater than the blistered part. Curet. pars vesic. Cerat. Lap. Calam. Hab. Vin. Rubr. ℥vi. vice Cerevis. indies.

℞. Opii crud. gr. ij.

Mic. pan. q. s. ut fiant pil. iv. sumat 1m. omni horâ.

7th.—Has expectorated a considerable quantity of blood. Skin hot and moist. Pills eased the pain. Blister runs much. Hab. pilul. ut heri prescript. 2da quaque horâ.

8th.—Feels rather better. Pills seem to have a good effect. Cont. Pilul. ut heri.

9th.—This morning, on entering the Infirmary, I found this man asleep, which to the bystanders appeared the sleep of death. On touching him he awoke, and was covered with a cold clammy sweat. Pills afford relief. P. small and feeble, about 80. Omitt. Opium. Hab. Pulv. Cinch. palid. ℥ss. ex vini cyatho ter in die.

10th.—Says the bark disagrees with him. Omitt. Pulv. Cinch. Cont. Vinum.

15th.—Appears better. Cont. Vinum.

16th.—Mouth very sore. Feels and appears amazingly better. This morning my opinion of the issue of this case was changed, and I now began to entertain hopes of a speedy recovery. He had regained his appetite, and his countenance had the appearance of a convalescent. The action of the mercury on his system was now very great; and to this cause I attribute the very wonderful change which has taken place. To obviate constipation, I ordered him ℥iv. Sulph. Sodæ.

21st.—This man gains flesh and strength. Has no pain. His back gives him little uneasiness. Appetite pretty good. His convalescence now goes on very rapidly. He sits up in the bed through the day, and takes his food with a relish.

The rapidity of this man's recovery from a disease which put on so alarming an appearance, induces me to publish the case. Perhaps changing the mercurials occasionally was of advantage. Indeed I at one time almost despaired of ever

affecting my patient's constitution. His symptoms were growing gradually worse, till the system became charged with the mercury. This case I consider important, as it leads us to a perseverance in the exhibition of that powerful and useful mineral, till the system becomes ultimately affected. The subject of mercurial action is ably discussed in your Number for December last, by Mr. D. H. Davies. I received much instruction from the perusal of his remarks. They are practical, and highly interesting.

ROBERT SEMPLE,
Member of the Royal College of Surgeons in London, &c.
85, *High-street, Islington,*
April 21, 1814.

For the Medical and Physical Journal.

Observations on the Advantages of exposing Wounds to the Air after capital Operations; with some Remarks upon the Removal of Scirrhous Tumours from the Breast. Communicated in a Letter to Samuel Bard, M.D. President of the College of Physicians and Surgeons. By DAVID HOSACK, M.D. Professor of the Theory and Practice of Physic and Clinical Medicine in the College of Physicians and Surgeons, New York.

DEAR SIR, *New York, June* 29, 1813.

MANY years since, you related to me the case of a patient whose limb you amputated, in which you found great difficulty in restraining the hemorrhage, but in which you at last succeeded, by keeping the stump exposed to the air a considerable length of time after the removal of the limb.

Although hemorrhage has ever constituted one of the most formidable embarrassments attendant upon surgical operations, and much ingenuity has been exercised in devising a great variety of astringent and other applications, for the suppression of it, yet this practice has not, to my knowledge, sufficiently attracted the attention of surgeons. Mr. Cooper, one of the latest and most respectable writers on surgery, incidentally notices the styptic effects of cold air, in promoting the contraction of the vessels; but he appears to introduce the remark for the purpose of showing, that no dependance is to be placed upon it; for he adds, that, "upon the wound being dressed, and the patient placed in bed, not an hour elapses before the renewal of the hemorrhage necessitates us to remove the dressings." *

* See Cooper's Dictionary of Practical Surgery, Dorsey's edition, vol. i. p. 438.

In

In the following case, which, from the advanced age of the patient, the duration of the disease, his debilitated habit of body, and other circumstances, was of all others the most unpromising, the exposure of the limb was attended with the most beneficial effects; as such, I communicate it to you, believing that this plan of restraining and of preventing the return of hemorrhage, may prove a valuable auxiliary in the hands of others under similar circumstances.

General William Crane, now resident in the vicinity of Elizabeth Town, New Jersey, was a lieutenant in one of the New York regiments, at the commencement of the revolutionary war, and was at the taking of St. John's, (Canada,) in the year 1775. While engaged in laying a platform on the batteries, he was struck by a shell on the inside of the leg, a few inches above the ankle joint. Although the blow was violent, and injured the tibia as well as the soft parts, such was the fervor of his mind, that he totally disregarded it for twenty-four hours, when inflammation ensued, which ended in ulceration and a caries of the bone, that continued until the removal of his limb. His system has been greatly debilitated by the discharge from this long-continued and extensive ulceration; but possessing a strong constitution, an equal and amiable temper of mind, and observing the greatest regularity and temperance in his mode of living, he has, in all other respects, enjoyed a considerable share of health, notwithstanding the drain he has sustained for nearly forty years.

The following extract of a letter from his attending physician, Dr. Isaac Morse, of Elizabeth Town, contains the most important circumstances which took place prior to the operation.

"DEAR SIR, *Elizabeth Town, April* 29, 1813.

"I have been conversant with General William Crane, and have had knowledge of the ulcer on his leg upwards of twenty-five years; he has been, and now is, one of the most temperate men I ever knew; he spared no time, pains, or expense, to obtain relief, but has found none. On the 12th day of December last I visited him. At that time he was under the care of Dr. Cook of Bound Brook. We found the ulcer very large and deep, a great part of the tibia bare and carious, with a considerable hemorrhage from the capillary vessels, together with the usual discharge from the ulcer, by which the General had become very much reduced. The course or channel of the tibial artery lay exposed to view. We were of opinion, that the artery would soon be destroyed, and advised every precaution to be taken, should it happen in our absence; but very fortunately for him, when

Dr. Cook was dressing the ulcer, on the 19th day of December last, in my presence, the artery burst with such a violent hemorrhage, that with all our attention he lost at least twenty ounces of blood, which added much to his debility; but the artery was taken up and secured by a ligature. A considerable swelling of the leg and foot took place below the ligature, and continued for some time after, when the ulcer put on a more healthy appearance; those parts which were not irritated by the carious bones soon began to heal, and the General to recover his strength. I was unable to attend him on account of a fracture of my arm. Dr. Cook attended as usual; in about seven weeks I again visited him, found him in better health, and his strength greatly improved, the ulcer as when I left him, with the tibia almost destroyed. I then, for the first time, advised him to have his leg amputated, before which time the great debility of his body, by reason of the loss of so much blood, rendered the operation, in my opinion, very doubtful.

I am, dear Sir, with great regard, your's, &c.

ISAAC MORSE."

A consultation of the physicians of Elizabeth Town and its vicinity being held, it was decided, that unless the leg was immediately removed, he must inevitably sink under the discharge he then sustained.

On the 4th day of April last, I was requested to visit General Crane, for the purpose of performing the operation, if, upon another consultation, an amputation of the limb should still be thought expedient. I found the patient very much emaciated, his leg swelled and œdematous, the ulcer very extensive, but of a healthy appearance, and discharging well-formed matter.

Under existing circumstances, we were unanimously of opinion, that unless the operation should be immediately performed, the General must sink in a very few weeks, and that his only resource was in the loss of his limb. The result being made known to him, with his characteristic firmness he at once yielded to our advice.

I immediately proceeded to the operation, which the majority of those present thought it advisable should be performed below the knee.

Upon the first incision being made through the integuments, a very large quantity of serum was discharged from the cellular membrane; upon dividing the muscles, these also were found in a very pale and flaccid state, exhibiting very little of that retractive power which usually takes place upon amputation. The bones were then divided by slow and steady movements of the saw, so as to prevent their edges from

splintering, an accident which frequently occurs in consequence of the rapidity and violence with which surgeons usually conduct this part of the operation, and which seldom fails to end in a tedious caries of the bones so splintered.

To my great surprise, it became necessary to secure six large arteries, which, probably, had become thus enlarged in consequence of the anterior tibial artery having been tied some months before, as stated by Dr. Morse. The tourniquet being loosened, the blood still continued to flow profusely from the whole surface of the stump, even from the vessels of the bones.

As it was not possible to detect any particular arteries from whence the hemorrhage proceeded, I resolved to restrain the discharge, at first, by moderately tightening the tourniquet for a few minutes, and afterwards to leave the stump exposed to the air until the bleeding should totally cease. I accordingly directed the persons present, excepting my assistants, to withdraw into another room; the windows to be raised, and some wine to be given to the patient, who was somewhat faint and exhausted. The stump was then exposed to a stream of fresh cool air; the hemorrhage immediately abated, and in a short time totally ceased, when the tourniquet was entirely taken from the limb.

After thus exposing the stump to the air about half an hour, (and, as I find, exposing myself to the censure of some of the by-standers, who, with watch in hand, counted every minute that passed,*) I proceeded by means of a sponge and warm water, to remove all the coagulated blood from its surface; no further hemorrhage ensued: the wound was then dressed in the ordinary manner; the patient conveyed to his bed; the limb lightly covered with a sheet, and a tourniquet loosely placed upon the thigh. An anodyne of fifty drops of liquid laudanum was then administered, and a direction given to repeat the same quantity at night, if pain, spasm, or great restlessness should render it necessary.

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* Having been severely censured by some of the *surgeons* of the village, for keeping my patient upwards of forty minutes on the operating table, I feel myself constrained to ask the same question Mr. Bromfield, of St. George's Hospital, addressed to a pupil who pulled out his watch at the moment the doctor was about to commence his operation: "What, Sir, do you intend to measure the movements of my hand, as you would a horse's feet?" adding, "Sir, let me tell you, that that operation is always *soon* enough done that is *well enough* done." Macbeth, when about to commit murder, says,

"——————'twere *well*
It were done *quickly*."

But this should never be the surgeon's motto.

Upon

Upon the following day, I had the pleasure of receiving a line from Dr. Morse, informing me that our patient had passed a very comfortable night, without hemorrhage, pain, spasm, or any untoward symptoms. On Thursday, the 8th, I again visited General Crane, and dressed his limb. Upon removing the dressings, which had been previously moistened by spirits, the wound, to our surprise, was united throughout its whole extent, excepting at the lower angle and another aperture through which the ligatures were passed, and discharging a well-digested matter, without the least tinge of blood. Upon the seventh day after the operation, the ligatures came away; the patient was then put upon the use of bark and wine; the limb daily bathed with spirits at each dressing; the wound at the same time excited by an injection, consisting of a solution of the sulphate of zinc in rain water, in the proportion of four grains to the ounce; the surface of the wound covered with dry lint and a light compress of linen; and the whole retained by a flannel roller.

By this general and local use of stimulants and tonics, and a corresponding attention to the diet and regimen of our patient, in about four weeks his wound was closed, and his health so far restored, that he has been enabled to resume the direction of his farm, with the prospect of adding many happy years to his life, to the great gratification of his family and his numerous friends.

Whatever may be the opinion we form of the process nature employs in checking hemorrhage, this case, under all the circumstances attendant upon it, is an evidence of the good effects of exposing a bleeding wound to the air.

Whether we believe the hemorrhage to be restrained by the formation of an internal* or an external coagulum, by the effusion and coagulation of blood in the surrounding cellular membrane,† by the retraction‡ of the artery, a constriction§ of the circular fibres of its extremity, or an effusion of lymph‖ from the divided vessels and the inflamed vasa vasorum,—in either case, the long-continued application of a stream of fresh air upon the part, is well calculated to prevent the evil to be apprehended; at the same time that the stimulant effects of the air, in cases like the present, will probably not a little continue to excite the degree of inflammation in the wound which is necessary to accomplish the union by first intention. Its benefit, in this respect, was very apparent; for such was the enfeebled state of the General's constitution,

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* Petit. † J. Bell. ‡ Pouteau.
§ Morand, Gooch, White, Kirkland, &c. ‖ Jones.

and,

and, as has already been remarked, so relaxed were the parts themselves, that an immediate union of the sides of the wound was scarcely to have been expected without the aid of some local additional stimulus.

During your last visit to this city, in the early part of this month, you also had an opportunity of witnessing the success of this practice in restraining a very tedious and troublesome hemorrhage, which took place after an amputation of the breast. In that case, as is usual after that operation, although I had secured ten arteries by ligature, the discharge of blood was very considerable from the whole surface; but after remaining exposed for half an hour, the hemorrhage having totally ceased during the greater part of that time, the wound was dressed, and as in the former case, upon dressing it four days after, its sides were entirely closed, excepting that part through which the ligatures were passed. I have great pleasure in adding, that the patient has perfectly recovered.

In this too, as in the former case, the healing process was greatly promoted by the free use of bark and wine, a generous diet, daily bathing the parts with spirits, and by injecting into the wound a solution of the sulphate of zinc. I mean that these advantages were obtained after the first inflammatory stage had subsided, and the purulent secretion had taken place; for in the treatment of wounds, as well as in that of ulcers, surgeons cannot too carefully distinguish between these two stages, which may with great propriety be denominated the *active* and the *passive* stages of an ulcer or a wound.

As I have adverted to the extirpation of the breast, I cannot close this letter without mentioning the benefits which I have derived upon this subject from the valuable cases recorded by Professor Richter;* and which do not appear to be sufficiently known and appreciated in this country. I refer more particularly to his treatment of scirrhous and cancerous breasts, in which he recommends the removal of the entire breast, even though the disease may be limited to a single gland.

In the first case of this nature in which I was called upon to operate, as early as the year 1795, the disease was confined to a small part of the breast, the remainder being apparently in its natural and healthy state; it was the opinion of all present that it was only necessary to remove the gland

* Medical and Surgical Observations, by Aug. Gottlieb Richter, M.D. Professor of Medicine in the University of Goettingen, &c.

affected:

affected: this was accordingly done; but, within three months after, the other portion of the breast became diseased, when a second operation was rendered necessary for its total removal. Similar cases have also occurred in the practice of others, and in some instances the renewal of the disease, the constitution having been enfeebled by the first operation, has ended fatally. Since that period, I have uniformly performed this operation by removing the whole glandular part of the breast, but retaining the integuments, except when they also have partaken of the disease; and in every case so operated upon, the patient has afterwards remained perfectly free from any return of the complaint.

This fact leads to two important conclusions: 1st. That in most instances the scirrhous or cancerous affection of the breast is a local disease, and not a constitutional one, as many physicians have supposed. 2dly. That in those cases where only the part of the breast was removed, and the remainder had become subsequently affected, the latter disease had probably been induced by the inflammation occasioned by the operation in removing the first, and not from any vice of the whole system; for in those cases which I have witnessed, the secondary disease commenced during the existence of the inflammation which the operation had excited, and before the wound had entirely healed. I am, dear Sir,

With great respect and esteem, your's,

DAVID HOSACK.

Samuel Bard, M.D. &c.

For the Medical and Physical Journal.

Case of Compound Fracture of the Os Humeri; by Mr. WAYTE.

IN the evening of September 15th, 1813, Thomas Torrence, fifteen years of age, was thrown between the leading horses of a loaded broad-wheel waggon: every horse walked over him without inflicting the least injury; but the wheels coming obliquely over his os humeri, produced a most terrible compound fracture. After being conveyed home, and his clothes removed, there were exhibited appearances precisely as follow:—A large lacerated wound internally, and at the more superior part of the biceps-flexor muscle, where also was found the brachial artery totally obliterated. The fractured bone was unfavourably near the condyls, and evidently in a shattered state; but neither over nor under it did there appear any present marks of severe contusion, which shortly after presented a most malignant picture. The hæmorrhage was trifling; no pulse, of course, was to be felt at the

the wrist; and, in fact, the limb apparently lifeless. All due consideration was given as to saving or amputating such a limb. On the one hand, for amputation was adduced the following reasons: That mortification was greatly to be expected from the obliteration of an artery where large anastomoses could not be calculated on; and again, that the arm might probably be useless, provided life could be sustained. On the other hand, for saving it were considered his youth, good habit of body, probable anastomoses and enlargement for sufficient support; Mr. A. Cooper's rule in mortification, that if it arises from injury amputation may be performed at any time, and also when apparent that nature would have sunk under the discharge. The arm being placed in an easy and proper position, a decision was delayed till the morrow, when the arm to his fingers' ends being found to possess a natural heat, colour, elasticity, and sensation, it was resolved to attempt a preservation.

From having often witnessed the bad effects of hot linseed or other poultices, and hot fomentations, to fractures, conceiving that they excited by far too much local inflammation and discharge, with proportionate constitutional irritation, I pursued, as has ever been my plan, a most simple antiphlogistic treatment. Two sutures were used at the wound; dry lint, a soap cerate plaster, tailed bandage and splints, with saturnine lotion sparingly, were the first applications. I would not deplete by venæsection, considering that nature had much to effect, and would require a long time in effecting. His bowels were kept soluble, and an opiate given each night to the 21st, during which period no symptoms of high irritation presented themselves, having alternate ease and pain, with a pulse beating evenly soft from 80 to 96.

On the 23d there were indications of very extensive sloughing, without a power of ascertaining the depth; but in other respects he was tolerably easy, and calmly cheerful.

On the 25th I found the sloughs inclined to separate, and their superficial extent was surprising. Underneath it reached from the inner condyle almost up to the axilla, in breadth exceeding two inches. On and from the outer condyle it extended half way up the humerus, and equal to that in breadth, literally leaving scarcely ought but wound.

By the 28th the under slough had come away, proving to be only skin-deep; but as the discharge was becoming copious, fœtid, and sanious, with considerable languor, the bark and cordial confection were freely given.

On the 29th feels comfortable, pulse good, discharge purulent from beneath, still sanious above; am under the necessity of removing all pressure from the internal condyle,

as the wound extends over it, and pressure causes excruciating pain.

The sloughing process having proceeded well, there was brought away on the 3d of October a large muscular portion, seemingly from the triceps extensor and origin of the supinator radii longus.

On the 4th a second large portion with some fragments separated, being part of the biceps flexor, which exposed a cutting edge of bone of the superior portion, and granulations were seen plentifully arising.

By the 6th every dead portion was come away, a clean healthy surface left, and in places a disposition to cicatrize.

10th.—One small piece of bone (the above-mentioned exposed edge) has exfoliated; he is going on well, takes muriatic acid in bark, eats, drinks, and sleeps.

On 16th was permitted to come down stairs, with proper assistance and precautions, although the bone had not united; but I considered myself warranted in pursuing such a measure, from knowing that my splints were so constructed as to preserve perfect approximation and quietude, and of the salutary effects of change of air and position no one will doubt.

From that period has he been in a progressive state of amendment, with the wounds all but healed by the end of February, and capable of executing many things with his arm; yet from commencing hard work too soon (such as wheeling and carrying for a gardener), an ulcerative process supervened and occasioned some delay, the effects of which, by refraining from such duty, are overcome, and in all probability no wound will be seen at the end of this month. It must be observed that opiates and bark were continued a long time; and that the dressings, according to circumstances, were combinations of cerate of resin and calamine, of cerate of calamine and ointment of nitrated silver.

Calne, April 14, 1814. JOHN WAYTE.

For the Medical and Physical Journal.

Observations on the Integuments of the Human Body.

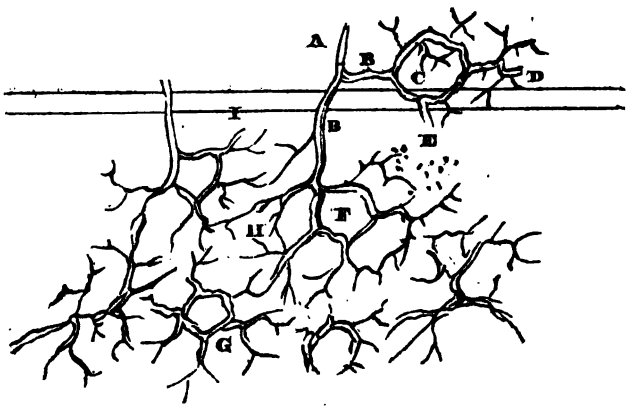
By Alex. Ramsay, M.D.

FOR a long series of years, my attention has been directed to the structure, offices, and phenomena of the integuments of the human species—I am sorry to say with very little success, respecting practical improvement in the treatment of their diseases.—In my schools in Europe, and abroad, I have been enabled to investigate these organs in subjects of

of most civilised nations. I shall consider this subject under the regular order in which the parts present themselves to our attention, in tracing their various appendages, beginning at the transmission of the vessels from the muscles.

Vessels of the Integuments.

(Fig. 1.)



The diagram, Fig. 1. conveys an exact delineation of the powerful vascularity of this organ in North America, from a preparation formed for the purpose.* This was taken from part of the palmar integuments. The more soft portions of the

* I find that the learned and ingenious Mr. Charles Bell, of London, has given the description of the injection I discovered when a pupil with Dr. Marshal, of Thavies Inn, London, and which I inserted in the New-York Repository, (when I visited that metropolis in 1803,) edited by that very able physician, Dr. Mitchell, of New York. The injection I use is the following:—Take of white or red oxyde of lead, such a quantity as may be wanted; add to this oxyde as much water as admits of the oxyde uniting with raw lintseed-oil; put no more oil to the preparation than is needed to form a thick paste; levigate this in the most minute manner in a mortar, or on a tile or stone; beat up or mix this (in as rapid a manner as possible, as it often becomes hardened in a minute,) with a varnish composed of equal weights of resin and spirit of turpentine, so as to render the fluid as thin as cream. Throw the injection immediately into the preparation. Wherever pressure is suspected, endeavour to counteract this by some means or other. Thus, if you inject the aorta with the intestines and lungs insitu, turn the subject on the face till the injection is hardened, which often is complete in a quarter of an hour. I must warn practitioners, that these oxydes soon acquire a black colour, the preparation must not be long in hand. The American

the system exhibited still higher degrees of profusion and enlargement, especially the leg, in consequence of the people wearing boots in those ardent heats, which I believe a very deleterious practice in all climates, though now prevalent in many civilised countries.—A B C D, are intended to represent the vessels and corpus adiposum. I, the cutis vera. A, a common arterial trunk, sending off B B rami. C, an arterial circle, sending off E, a perspiring artery.* D, represents an artery (springing from the arterial circle C,) diffused on the cells of the corpus adiposum. E, the artery, penetrating the cutis vera, arises from the same circle. F G H, form similar arterial distributions.

Observations on the Vascular Economy.

Many authors have written so ably on the subject of cutaneous diseases, that I cannot add any remark of use to the public. There is one circumstance, however, I beg leave to mention, that affections of the vessels of the scalp seem very common, not only in cases of poverty, but likewise in cases of excessive luxury. Practitioners seem too frequently to depend on external applications on such occasions, in place of resorting to feeding the poor, and prescribing temperance to the rich. I have been long induced to believe, that vessels receive, *ab origine*, that structure from which peculiar action and depositions have their source; when these become once altered, they do not again readily resume their former structure or action, and *producing powers*, if I may take the liberty of using this expression. Thus in bone, which presents us with more unequivocal instances than any other substance, whenever its vessels are once disturbed by the process of anchylosis, exostosis, or callus by previous fracture, the cancellated or regular structure is never exhibited; nay, the new improvement *of knitting the fractured patella by an intervening ligament, in place of bring-*

schools now produce highly elegant preparations in this manner. The colours do not exhibit so splendid an appearance on all occasions as wax, but they possess this important advantage, that they do not expand by heat in summer; and as an intense heat rather improves than injures this injection, I have formed the finest preparations of an arm, &c. in a few days, by application of a powerful fire. Hearts, when fat, have hitherto been deemed incapable of preparation; they form by means of this injection useful and even elegant preparations; by rupturing the membranous expansion, permitting the exudation of the fat, washing it off continually with an alkalescent preparation, a heart may be dried in a few days.

* I have exhibited the appearance of seemingly real effusing arteries occasionally.

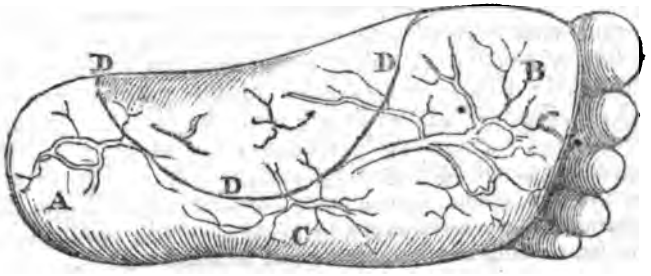
ing

ing the fractured portions in contact, as done in former times, derives its preference from the brittle texture of the osseous matter deposited, when the bones are brought nearly into contact. The observations I had an opportunity of making on the black species of our race abroad, confirmed me in the belief, that this remark of vessels never resuming their original character when once essentially disturbed, reaches to the vessels in every part of the system, especially those of the cutis vera, which are the terminations of those of the corpus adiposum. When the cutis vera is fairly and completely destroyed, its vessels never seem regenerated, nor the substance of the cutis vera reproduced; hence, the filmy, unorganised, glazed appearance of the skin, the black membrana mucosa is wanting, the skin appearing perfectly white. These cases from which I drew my inferences, arose from burning, scalds, &c. which had taken place years before.

Deductions drawn from the Vascular Distributions of the Integuments.

May we deduce practical opinions, respecting the causes of obesity, emaciation, &c. from the peculiar distribution and anastomoses of the vessels of the integuments?—If E, Fig. 1, admits of perspiration, it would seem that there will be the less return, *by direct continuity of canal of the circle* C, to the adipose vessels D, hence obesity will be diminished, *vice versâ;* hence, too, may we account for the retention of caloric and its evaporation, as well as the peculiar phenomena of sensations in the warm and cold paroxysm of fever? May we suppose, that by whatever means perspiration is diminished, *by debility giving rise to spasmodic contraction, or by impervious organic structure of the integuments,* adeps will be augmented?—Thus, in the sole of the foot, Fig. 2,

(Fig. 2.)



A B C, *the heel, outer margin of the foot, and the anterior terminations of the metatarsus,* where the cuticula is accumulated in numerous laminæ, by compression, the impervious

state of these parts occasions the deposition of adipose matter; here, likewise, vesication takes place, when by exercise there is more deposition than return of serous effusion, which has no means of escape but by the dead lamina being thrown off.

I have represented, in Fig. 2, those circular arterial anastomoses at A, B, and C, which keep up continual connection between the adipose and perspiring system of vessels. The circular line D D D represents the hollow of the foot, where the integuments are pervious; hence perspiration is carried on uninterruptedly, and here vesication seldom occurs.

May we, on the same principle, suppose, that great debility, terminating in great relaxation, may induce emaciation and universal imbecility, exhibiting excessive perspiration, often however attended by adeps in abundance, approximating dropsy?—Thus, if I am correct in my first fasciculus, *honoured by your animadversions*, all maladies seem the consequence of debility; the muscular annuli of the vessels assuming either spasmodic contraction or excessive relaxation, approximating dissolution, which seem contrasted, and often alternating extremes of legitimate structure and action. The general imbecility of such cases does not arise wholly from perspiration, but perspiration seems an effect of that feebleness which reigns throughout the whole system of the heart and arteries. Hence in fever, perspiration is not the cause of cure, but the effect of stimulation applied, for the patient is not convalescent till perspiration ceases.

In such subjects, the muscles of the arteries are scarcely perceptible in some cases; the muscles of the heart and limbs are pale, soft, often interlarded with fat, and quickly suffer putrescence, &c.

May we suppose, that the integuments form a most important vital organ? and their vessels effuse, *through the medium of moisture or serum*, superabundant caloric, accumulated in violent exertions?—Do the passions produce violent affections of the heart, terminating in the peculiar affections of their vessels?—Certain notes of music promote a peculiar thrill and chilliness, especially on the covered parts of the frame, the anterior surfaces of the thigh, &c. so hatred, fear, love, seem to promote the same affections. Are these ultimate consequences of intellection?

Permit me to finish this essay, in requesting of your learned readers to favour me with their opinion, what can be the cause of those injuries of the integuments of the horse species, which commonly occasion an alteration of colour from

from dark to white? Is it owing to the destruction of the rete mucosum?

Some of the best physiologists I have met with have been at a loss to account for the palm, and sole of the foot, where the black treads, being as white as those of our species? The anatomist will find, I suppose, that it is owing to the numerous lamina of the cuticula, which eclipses the rete mucosum.

ALEX. RAMSAY, M.D.

3, *Villa Place, Walworth Common, near London.*

For the Medical and Physical Journal.

On the Use of the Epiglottis, by MR. WANT.

IT may be useful to remark, in reference to the interesting paper of Mr. Magendie on this subject, inserted in the Number for April last, that the opinions contained in it are not new, or peculiar to that gentleman. In one of the early volumes of the *Recueil Periodique*, by Vandermonde, we see the following observations by Tozzetti. "Physiologists have considered the epiglottis to be an organ whose principal function is to contribute to the formation of the voice, and prevent the entrance of aliments into the trachea, where they would necessarily occasion the most distressing symptoms. With these impressions it was natural to suppose that the want of it would induce a derangement of the functions of those parts, and that ultimately death would be the consequence; but I had an opportunity of making an observation which invalidates the truth of this opinion. I was preparing the parts concerned in the mechanism of the voice for the purpose of demonstration. The subject of my dissection was a man 58 years of age, who died in the hospital of an acute disease, without having experienced the smallest difficulty either in speaking or swallowing food. When I began to expose the parts to view, I was surprised to find the larynx *without an epiglottis.* The arytenoidei muscles were larger than common, and covered the glottis, as we see in many birds. On macerating the larynx, I distinctly perceived a cicatrix on the former seat of the epiglottis, from which it appeared evidently to have been removed by disease."

These observations are referred to merely as an historical fact, without attempting to depreciate the labours of Mr. Magendie, who has certainly the merit of having instituted a valuable series of experiments, by which the question has been brought

brought to a satisfactory issue; and, admitting their faithfulness, I think the conclusions will never again be disputed.

It should also be remarked, that Tozzetti admits a fact mentioned by Severinus, which leads to an inference opposite to his own; and others of the same kind have been referred to by Haller, in his great work on Physiology. The patient whose case is related by Severinus lost his epiglottis in consequence of the venereal disease, and on attempting to swallow either solids or liquids, was almost suffocated. After his death the pericardium was discovered to be filled with water, and the lungs were of a livid colour.

For the Medical and Physical Journal.

Observations on Mr. Cornish's Account of a Convulsive Epidemic in Cornwall; by Mr. JAMES M'DONALD.

HAVING recently published in your Journal an article signed JAMES CORNISH, purporting to be an historical account of a "Convulsive Epidemic," said to be extremely prevalent in some parts of Cornwall, you will, it is hoped, be so candid as to insert the following brief remarks upon that curious production.

Your correspondent assumes, as an incontrovertible truth, that "religious enthusiasm has been the exciting cause" of what he considers a bodily disease of a most contagious nature, which, notwithstanding the violence of the symptoms, has not, to his knowledge, proved mortal in a single instance. Nor does he hint that recourse has been had, in any case, to medical assistance. It must of course be a most singular "convulsive epidemic," a phenomenon for future inquiry, by which, in a short space, six thousand persons, of different ages and complexions, have been attacked without sustaining any material injury. Nor is the "principle of imitation," through the medium of which Mr. C. maintains the contagion has spread far and wide with "the rapidity of lightning," less inexplicable. Why preaching, similar to that which the people at Redruth heard at the commencement of the "convulsive epidemic" there, does not produce similar effects in every town and village throughout the United Kingdom, even when the weather is not fair, nor the air dry or cold, to counteract its influence, remains to be accounted for. If what Mr. C. terms "religious enthusiasm," and "the principle of imitation," be such powerful agents among thousands of the inhabitants of Cornwall, upon what principle are we to account for their being inactive in any place where they are found among men of like passions? And

And if, from an *individual* crying out in a congregation, "What must I do to be saved?" such "a convulsive epidemic" has been produced as has affected *thousands*, it will be found no easy task for the faculty to point out a quarantine sufficiently strict to prevent the universal spread of the contagion.

"The sect," saith Mr. C. "with whom this singular affection originated, holding an opinion that the Spirit of God operates sensibly in the conversion of men, ascribe this work to divine agency; and in proof of this opinion, adduce as an analogous instance the conversion of three thousand men, under the influence of a sermon preached them by the apostle Peter. When to this is opposed the improbability that the Divine Spirit should confine its operations to the chapels of their particular sect, they reply, that 'God works how and where he pleases.'" The methodists believe, with the primitive church, and that of England, and assign reasons for their doing so, that the conversion of sinners is effected by the agency of the Divine Spirit, and that the effects consequent on genuine conversion, such as divine "love, joy, and peace," are perceived by all those who have them in their possession; and that the existence of those effects cannot be accounted for upon natural principles. Such as wish to know their reasons for thus believing, I refer to the Rev. Mr. Wesley's Appeals, by the perusal of which some philosophic infidels have been led to embrace christianity. In short, the methodists believe their Bible, and consequently that "it is God who worketh in men both to will and to do of his good pleasure." But if by the Divine Spirit "working *sensibly* in the conversion of men" be meant any thing more than that the effects produced by such agency are discernible by, and evident in, those in whom they are wrought, they reject with abhorrence such a gross notion of the divine operation. Nor do they believe that the Divine Spirit confines his operations to their chapels, nor that, in order to the conversion of sinners, any such distress of mind, and consequent bodily symptoms, as are described by Mr. Cornish, are necessary. The symptoms in question, they well know, are mere circumstances which may be thoroughly accounted for on rational and scriptural principles; and that they cannot, with the colour of reason, be attributed either to enthusiasm or "the principle of imitation." That God works "how and where he pleases," is a truth to which men of the first attainments have not scrupled to subscribe.

Most of the symptoms which Mr. C. ascribes to "religious enthusiasm," and "the principle of imitation," are represented by the Church of England, in the *Homily on fasting*,

as accompanying true repentance. Witness her words:— "When men feel in themselves the heavy burden of sin, see damnation to be the reward of it, and behold with the eye of their mind the horror of hell; they tremble, they quake, and are inwardly touched with sorrowfulness of heart, and cannot but accuse themselves, and open their grief unto Almighty God, and call upon him for mercy. This being done seriously, their mind is so occupied, partly with sorrow and heaviness, partly with an earnest desire to be delivered from hell and damnation, that all desire of meat and drink is laid apart, and loathsomeness (or loathing) of all worldly things and pleasure, cometh in its place. So that nothing then liketh them, more than to weep, to lament, to mourn, and both with words and behaviour of body to shew that they are weary of life."

To what would a philosopher, who denies the agency of the Divine Spirit in the conversion of men, attribute the symptoms so clearly and forcibly described in this quotation? Doubtless to "religious enthusiasm," and "the principle of imitation." But if they are justly attributable to those principles, what a set of enthusiastic men were our learned and venerable reformers; and how powerfully does "the principle of imitation" (as a medium for conducting "a convulsive epidemic") now work on the members of the Homily Society!

"When," saith Mr. C. "the strength is nearly exhausted, the patients usually swoon, and they remain in a rigid and motionless state, until respite from fatigue, fresh air, or some more powerful stimulus, enables them to re-act, or to put a stop to the curious character they had undertaken." (p. 376.) Here it is left doubtful whether the patients, as they are called, were voluntary or involuntary agents; but if the former, it is most unaccountable how thousands of different ages, complexions, and mental endowments, should, without any previous instruction or motive whatever, by an act of their will, bring upon themselves a distressing paroxysm sufficient to stop respiration. How much more difficult is it to believe this, than to admit the powerful agency of the Divine Spirit upon their minds, though some of the effects produced should to us remain incomprehensible! That such effects are not usually produced is no reason why we should attribute them to a cause which reason, common sense, and experience, demonstrate to be incapable of producing them.

That no immoral character, when known to be such, is permitted to remain in the methodist society, is well known to all who are acquainted with their economy. It follows,

upon

upon Mr. Cornish's hypothesis, that about six thousand individuals, a majority of whom were grossly immoral a few months ago, have been recently reclaimed from their vicious habits by a "convulsive epidemic." A disease, so salutary in its effects, would not be injurious to the metropolis. But to be serious:—That a bodily disease should produce such an amazing change as has recently taken place in thousands of the inhabitants of Cornwall, is abundantly more difficult of belief than all the miracles recorded in the Scriptures. For let the doctrine of the being and attributes of God be admitted, and it will follow that all things which do not imply a contradiction are possible to him; and surely it implies no contradiction that he in whom we live, move, and have our being, should, in a manner beyond our contracted grasp, work a moral change conducive to their happiness, in thousands of his rational offspring. To make the unusualness of the method by which such a change may have been effected in any person an argument against God's being the author of it, seems to be as unreasonable as to maintain that pestilence and earthquakes, on account of their being uncommon, are neither subject to his controul, nor under his direction.

Without supposing that Mr. C. has intentionally misrepresented any of the facts recorded in his paper, it is proper to observe, that three accounts which now lie before me, written by eye-witnesses, who are men of sound sense and strict integrity, differ materially from that which he has given. This being the case, your readers, who are in general men of science, will, I trust, suspend their censure till they have an opportunity of judging, from the moral effects of the supposed "convulsive epidemic," to what cause it ought to be attributed.

JAMES M'DONALD.

City Road, April 27, 1814.

For the Medical and Physical Journal.

IN the account of the late trial of Major Gordon for the murder of a private in the 2d regiment of guards, by holding in his hand a sword on which the deceased fell, Messrs. Snowden and Plake give their medical evidence, stating that from the appearance of the wound they will take upon themselves to declare, that it must have been inflicted by the body falling upon the sword, and not occasioned by a thrust of the weapon. Having paid some attention to the different appearances of wounds of this nature, I must own I

have not been able to discover, nor can I conceive, the difference occasioned by a sharp sword thrust into the body, or the body forced against the sword. If this should meet their eye, they will probably explain to the public the reasons which induced them to give this extraordinary evidence, which, if satisfactory, will contribute a valuable fact to the science of medical jurisprudence.

CHIRURGUS.

For the Medical and Physical Journal.

Instance of Recovery from a large Dose of Laudanum, by active Remedies; by Mr. J. C. YEATMAN.

THE following important case has lately come under my care.

On the 15th of April, Mr. J. B., æt. 21, of the sanguineous temperament, swallowed, between the hours of two and three P. M., an ounce of laudanum, with the view to destroy himself. He repaired immediately to the house of a friend and neighbour, where he ate a plentiful dinner: while at his meal the lady of the house observed a dullness of the eyes, but not suspecting the cause, took no further notice of it. After dinner he called upon another friend, when he became alarmingly ill, and said he had taken laudanum. At half-past five I was sent for, and on being informed of the nature of the case, I put a lump of Sulphas Zinci in my pocket, and hastened to the poisoned youth. I found my patient laying back in an arm-chair totally insensible; a death-like paleness had come on, and his features were distorted, particularly the angles of the mouth; the lower jaw was fixed; respiration was performed at long intervals, and laboriously; the pupils were not obedient to the stimulus of light; the skin was cold; the hands clenched; the pulse rapid, small, and intermittent. I dissolved thirty grains of the Sulphate of Zinc in half a pint of water, forced open his mouth, and poured it all into the stomach. We shook him well in the chair, and having dragged him through the passage, from the parlour to the kitchen, succeeded in rousing him. His father had now arrived, and being a man of a firm mind, although greatly afflicted at the occurrence, proved under my direction an able assistant. I desired him to force his hand into the mouth, and to thrust his finger to the fauces, which provoked immediate vomiting. The smell of laudanum was perceptible. The vomiting, however, was not so copious as the emergency of the case required, and I gave him twenty grains more of the Sulphate of Zinc, which,

by

by frequently irritating the fauces, and by the assistance of warm water, made him discharge a quart of the contents of the stomach in less than fifteen minutes after my arrival. I also gave four ounces of olive oil, which increased the nausea, and rendered the vomiting less laborious. We shook him repeatedly, and between two persons had him lugged up and down the room. He was now enabled to move one leg before the other, a perspiration broke out upon his forehead, and he had power to groan aloud. A large draught of acetic acid, slightly diluted, increased the sensibility of the stomach. He became affected with spasm, particularly of the muscles of the back, neck, and extremities. While other means than those already resorted to were in preparation, I had him jolted in a carriage to his father's residence, and on being taken out he again evinced an inclination to vomit, which I encouraged by giving a table-spoonful of mustard mixed in a tumbler glassful of diluted acetic acid. This remedy, while it roused him, considerably excited active nausea, and about a second quart of the contents of the stomach was ejected.

I now felt fully satisfied on that point: still, however, my patient required the most active means to rouse him from occasional stupor and lethargy. Four blisters were immediately applied to different parts of the body, and mustard cataplasms to the palms. The citric and acetic acids were administered. The citric acid I gave in combination with a solution of subcarbonate of potass during effervescence. We did not cease walking him every five minutes up and down the room. The pulse became stronger and more regular, and the pupils readily contracted to the light of a candle. He became violently affected, at shorter intervals, with spasm, and would often throw his head, neck, and upper part of the trunk suddenly and forcibly backwards, keeping himself in that position for a few moments. At length he uttered a monosyllable—soon afterwards called out the name of a friend—became hysterical—recognised his mother-in-law, and eagerly embraced her. He now grew more and more rational and tranquil, when I left him to the care of his relations at eleven o'clock, giving them strict injunctions to keep him upon the move during the night, and directing them to administer ten grains of the citric acid in two table-spoonfuls of the solution of subcarbonate of potass every two hours. In the morning I found my patient in a bed, where he had been permitted to sleep for two or three hours. His face was flushed and hot; lips dry; tongue lined with a brown-coloured fur; throat and stomach sore; pain in the head, with a sense of weight in the eyes; was very drowsy;

drowsy; pulse quick, but not hard nor full. I ordered him to be dressed and roused, some strong coffee to be given him, acidulous drinks to be taken in the course of the day, and the whole of the following mixture:

℞. Ol. Ricini, ℥ij.
Vitell. Ovi, q. s.
Aq. Menth. Pip. ℥iiiſs.
Syr. Aurant. ℥ſs. M. f. Mistura.

In the evening his pulse was 89, and a little fuller. He merely complained of slight heat and thirst, with soreness of the throat and stomach. The mixture had occasioned two scanty evacuations.

℞. Magnes. Sulphat. ℥j. solve in
Infus. Rosæ, ℥xij. & adde
Syr. Rhœados, ℥iſs.
Cras primo mane sumend.

I also ordered him to sip a little of the Almond Emulsion after, and to drink plentifully of Decoctum Hordei. The next morning he had several stools. He was permitted to sleep some few hours on the second and third nights, and in a few days he entirely recovered.

It will be observed, that although three hours elapsed between the taking of the poison and the exhibition of the remedies, success crowned our exertions; and this and other cases of a similar nature, give us reason to conclude that the most desperate of their kind will happily yield to prompt, vigorous, and persevering treatment.

The hearty dinner and the exercise immediately after it no doubt in some measure retarded the operation, and perhaps lessened the effects, of the laudanum; but three hours was certainly an ominous, and had nearly proved a fatal, interim.

In the first instance I was under great apprehension lest the narcotic property of the opium had destroyed the sensibility of the stomach, and therefore I could give but little hope of a recovery—a consideration, however, which only tended to increase my exertions.

We are told that two indications are to be fulfilled in cases of the foregoing kind.

1st, To occasion a speedy evacuation of the stomach; and 2dly, to counteract the effects of the opium.

It may, perhaps, be questioned whether the Sulphate of Zinc did any good in the case before us, as the effects of the laudanum had taken place before its exhibition. Dr. Cullen, when speaking of the treatment of that kind of apoplexy occasioned by opium, alcohol, and other narcotic poisons, says, "If the poison has been taken into the stomach long before

before its effects have appeared, we judge that upon their appearance the exciting of vomiting will be useless, and may perhaps be hurtful." I should not, however, think it safe to suffer the poison to remain in the stomach, as the danger of the patient may increase with the presence of the narcotic, and as we cannot with certainty determine when it has exerted its fullest effects on the animal system. The emetic also acts as a powerful stimulus, since the patient is greatly roused by the exertion of vomiting.

The remedies employed in the second indication appear to prove salutary by increasing the sensibility of the stomach, by rousing the energy of the nerves, and through their medium by restoring the functions of the brain and of the lungs. We may not be acquainted with the modus operandi of the vegetable acids in these cases, and this still remains an interesting and important subject for accurate investigation.

I would remark that I have in my recollection two cases in which the use of the lancet proved fatal. In the one, which was treated by a physician of Philadelphia, the temporal artery was opened soon after a slight re-action had taken place; in the other, which was at a public hospital, the jugular vein was punctured whilst the patient was labouring under the narcotic effects of laudanum. As, however, the observations I have thought it necessary to make would at present occupy too much of your valuable Journal, I will take another opportunity of requesting their insertion.* JOHN C. YEATMAN,

Member of the Royal College of Surgeons.

Bristol, College Green,
May 10, 1814.

For the Medical and Physical Journal.

Observations on the Peripneumonia Typhodes, now prevailing in several Districts of the United States. In a Letter to T. ROMEYN BECK, M.D. &c. *Albany, from* DAVID HOSACK, M.D. &c.

DEAR SIR, *New-York, Feb.* 3, 1813.

AS far as you have been enabled to procure information from *books*, you are probably well acquainted with the nature of the fatal epidemic which at present prevails in the city of Albany; but as you have been only a short time in practice, this is probably the first opportunity you have had

* The Editors will feel themselves obliged by Mr. Yeatman's early attention to this interesting subject.

of

of becoming practically conversant with this disease. I therefore take the liberty of communicating to you such remarks as the cases I have occasionally seen in this city and in the county of Westchester have suggested.

The disease at present prevailing, you know, is not a new disease, as it has been hastily represented by some physicians: on the contrary, it has been well described by Sauvages, Huxham, and others; by the former under the very appropriate appellation of "*Peripneumonia typhodes.*"* Nor is this a new disease in the United States: in the first volume of the Medical and Philosophical Register you will see a very valuable paper upon this subject by the late Dr. John Bard, in which he describes a similar epidemic which prevailed on Long-Island in the winter of 1749, and which was then known by the name of the "*Malignant Pleurisy.*"

In the second volume of the Medical Repository (first series) the same disease is noticed by Dr. Hugh Williamson, as it prevailed in North Carolina, in the year 1792. In the southern states it is commonly called, "*Pleurisy in the Head,*" in consequence of the violent pain in the head, which frequently attends the disease in that climate.

Malignant pleurisy, or rather *Typhus Peripneumony*, well expresses the mixed character of this disease; for at the same time that it is attended with inflammation of the lungs, and, in some instances, with inflammation of the brain, the general affection of the whole system is certainly that of *typhus fever.*

That inflammation of the lungs frequently constitutes a part of the disease, is manifest, not only from the presence of those symptoms usually attendant upon pneumonic inflammation, viz. cough, pain in the chest, especially upon taking a full inspiration, expectoration tinged with blood in the early stage of the complaint; but it is also evident from the phenomena presented upon an examination of the body after death: the overloaded state of the vessels of the lungs, the large effusions of serum and sometimes purulent matter, the adhesions found between the membranes covering the lungs, and those lining the chest, all clearly show that the patient has been destroyed by such inflammation.† In like manner, in some cases the whole force of the disease is vented upon the brain, producing similar phenomena in that

* See his Nosologia Methodica, vol. i. For other synonyms, see also Cullen's Nosology, under the head of "Peripneumoniæ idiopathicæ complicatæ febre," vol. ii. p. 101.

† See Report of the Mass. Med. Society, and Dr. Hudson's letter on the prevailing epidemic.

organ. On the other hand the usual symptoms of a putrescent state of body, the petechiæ, blotches, hemorrhages in the latter stage of the disease, the offensive state of the excretions in general, and great prostration of the powers of life, which rapidly ensues, no less declare the enfeebled and vitiated state of the whole habit. You have therefore two opposite conditions of body to contend with: *local inflammation* on the one hand, a *typhus state of the whole system* on the other.

The causes of the disease are no less compounded than the disease itself. The local inflammatory affections are probably occasioned by the *sensible* changes of the atmosphere, while the typhoid character of the disease is derived from an *epidemic constitution of the air*, the same which has given rise to the *typhus petechialis*, or *spotted fever*, which has prevailed for some time past in our northern and eastern states, and which is doubtless the same disease as that now prevailing in Albany, with the exception, that the present epidemic is complicated with the symptoms of local inflammation of the chest, brain, throat, &c. the effect of the present cold season of the year. With this view of the *mixed* nature of the disease, and of the combined causes which have produced it, we are prepared to expect the various and opposite opinions and modes of practice which have been adopted by different physicians. We accordingly find some prescribing the strict antiphlogistic treatment by large and repeated blood-letting, active cathartics, and other depleting remedies, treating the disease as purely inflammatory.

On the other hand, we find another class of practitioners pursuing the opposite course of exciting the system by the most powerful and diffusible stimuli, to counteract the putrescent state of body, alleging, that it is exclusively a putrid disease, and only to be controuled by antiseptics and the avoidance of all those means which are calculated to debilitate the system. As far as I have seen the disease, they are both wrong: the indiscriminate use of the lancet recommended by some, is, in my opinion, an additional source of the mortality of the disease. On the other hand, the practice of administering brandy and other ardent spirits in the quantity they have been lately prescribed, is truly adding fire to the flame that is already consuming the patient, and cannot be justified either by principle or practice. But the prudent physician will avoid both Scylla and Charybdis. In the young and athletic, he will prevent the brain from being inundated with blood, by the early and judicious use of the lancet, blisters, and other means usually prescribed for dimi-

nishing inflammation, keeping in view the age, strength, constitution of his patient, and the general symptoms indicating a putrescent state of the system. On the contrary, in feeble old age, in the habit debilitated by disease, or intemperance, in which those inflammatory symptoms are less violent, and the tendency to putrefaction is most predominant, he will depend chiefly on those means usually resorted to for the purpose of promoting the perspiration and other excretions; at the same time, that by suitable antiseptic drinks and nourishment, he will guard against that debility which so rapidly ensues in this condition of the system. He will in such cases, of course, carefully abstain from the use of bloodletting and other depleting remedies. But he will certainly not effect the first purpose by the excessive use of brandy and ardent spirits. So far from promoting the excretions of the system, they actually restrain those very evacuations which it should be our object to promote, and by which alone we are enabled to counteract the typhoid state of body in this or any other febrile disease.

As a substitute, therefore, for this *brandy* system in those cases where this typhoid tendency prevails, and you are forbidden the use of the lancet and other depleting remedies, or where the symptoms of local inflammation are so mild that they are not indicated, let me recommend to you, after emptying the bowels by an enema or *mild* purgative, to make free use of the *warm bath*, *fomentations* of vinegar and water to the extremities, the liberal use of the infusion of *snake root*, the *cupatorium*, and wine whey in very debilitated habits, or where the powers of life are much reduced, in order thereby to procure a plentiful perspiration. By this evacuation we not only counteract the general vitiated state of the fluids, but we at the same time diminish, and in some cases totally remove the local irritation which affects the lungs or other organs, involved in the disease.

For the benefits which have been derived from the sudorific treatment, and the means of effecting it, in the petechial or spotted fever, which treatment promises to be no less beneficial in the present form of the epidemic now prevailing in your city, let me earnestly recommend to you the perusal of the very luminous report of the Massachusetts Medical Society, published in the second volume of their Medical Papers for the year 1810, and of which you will find a copious analysis in the first volume of the American Medical and Philosophical Register. I am, dear Sir, your's, &c.

Dr. Beck. DAVID HOSACK.

For

For the Medical and Physical Journal.

Strictures on the Review of an Essay on Medical Economy, in the Med. and Phys. Journal for April 1814.

DURING a period of years which I passed remote from the busy scenes which now surround me, the Medical and Physical Journal brought me almost all the intelligence which I received of the progress of the medical art in Europe, and of occurrences connected with it. As a companion, therefore, with which I have conversed much and become familiar in my solitude, I continue to feel an interest in it; and as I would frankly warn any other friend of a mistake into which he might accidentally fall, so I take the liberty of sending you a few observations on an article which has been admitted into the last Number of the Journal. It is the review of a work which has for title, "An Essay on Medical Economy; comprising a sketch of the state of the Profession in England, and the outlines of a plan calculated to give to the Medical Body in general an increase of usefulness and respectability."

This work I procured in consequence of seeing it noticed in your Journal, but I have read it with a degree of pleasure which the tenour of that notice did not lead me at all to expect from it. I was surprised, indeed, to see the reviewer pay almost his highest compliments to the talent and philosophy of the author, and still find, as it appeared, so much reason to object to the performance. On examining the book, I discovered, however, the reason of this apparent inconsistency. The reviewer has in part misconceived the author's opinion and object, either from careless perusal or pre-occupation in some other pursuit. Falling into error himself, he naturally carries others along with him; and had I been, as most of your readers are, busily employed in practice, instead of seeking for a time to repair injured health by varied occupation and amusement, it is probable that the mis-statement would have prevented me altogether from looking into the book, and consequently would have deprived me of the information and pleasure which I have had in reading an essay upon a very important subject, and which I account almost perfect in its kind.

The sum of the author's reasoning and suggestion is, that the medical art is much less useful to the community at present, than a little legislative regulation might make it. He states the fact, that of the great body of practitioners a very small number comparatively have received complete education; and the law carelessly allowing unqualified men to assume the garb and title of the profession, in a way which

renders it impossible for the public to distinguish between them and their well-informed brethren, unprincipled effrontery often obtains the reward of modest worth and excellence. Hence medical education, not bringing to its possessors advantages by any means proportioned to its great expense and difficulty, common minds do not desire it, both from motive of interest, and from the natural wish to save trouble wherever it can be done. The law may thus be said to establish a low rate of qualification in the profession; and to this cause the author attributes the slow progress which medical science has made compared with others. To remedy the defect, he proposes that only physicians, or men of complete education, be allowed to practise. He enters into minute and clear detail to shew the easy practicability of the change with advantage to all parties; the body being divided into orders of seniority, with difference of fee, to suit the ability to pay of all classes of society, while its general respectability would be much increased, by well-educated gentlemen being substituted for the heterogeneous mass of apothecaries of the present day. Were the plan to be put in force immediately, while the man who could not prove his title to confidence would be totally excluded, the well-educated apothecary, and there are many such, would change his appellation and continue to practise.

Such is the idea of the work which remains to me after a second and attentive perusal. The reviewer makes two objections, however, but curiously enough, not to any thing which the book contains, but to what he erroneously supposes it to contain, and founded on these he forms his judgment. 1st, He accuses the author of stigmatising the profession as wanting ability, when in fact he only laments that the ability in it is not called into exertion for the improvement of the art, owing to the unfavourable circumstances above alluded to. 2nd, He states, "*the leading feature of the plan is, to convert apothecaries into physicians:*" the truth being that it is proposed to substitute physicians for the present apothecaries, and to abolish the name of the latter, with the abuses which it has covered. He thinks also, that the junior physician would be degraded by the smallness of his fee. The author says on this subject, that the junior may be considered as bearing a similar relation to the senior, to that which the midshipman bears to his admiral. The midshipmen are young gentlemen, but submit to all the drudgery assigned them without complaint: they feel that they are on the same road with their admiral, qualified to bear him company in the hour of relaxation, and fairly entitled to look forward to the enjoyment of all his dignities as the full reward

reward of their services. I was perhaps not so much struck, however, by these marks of little care in the examination, as by the reviewer's assertion that no reform is wanted at all. This may be true as applied to the situation and prospect of some individuals of the profession; and indeed I am sure the writer must here have been for a moment under the impression, that he was advocating his own, or some friend's private interest, for he could never have believed it, as the public is concerned. We find in every part of the metropolis and kingdom men undertaking the management of disease in all its kinds and stages, whose education went hardly beyond the art of making a pill or compounding a mixture, and who of course, in undertaking the practice of medicine, act as that colour-grinder would do, who seizing the pencil of Raphael or Reynolds, should offer himself to furnish decoration for a royal gallery. We find this, and we know that not one in ten of those who practise have received a complete education, or can merit confidence where science is wanted. Can we say with propriety, then, "the public, and with great reason, seems contented with the skill, talent, integrity, and general conduct of the various practitioners whom they patronise?" And again, "the three grades of physicians, surgeons, and apothecaries, are adequate to every good purpose?"

Government, as the enlightened and affectionate father of a numerous family, is careful to guard its children against many dangers and impostures to which their inexperience or unavoidable want of information exposes them; it examines and authorises, for instance, all pilots, engineers, naval officers, &c. &c. why should not the same care be extended to all possible cases, to one particularly where all the members of the community are concerned, and in which they are so much exposed to deceit—to the practice of medicine? If to prevent pain to relatives and to the lovers of justice, twenty malefactors are allowed to go unpunished rather than one innocent man shall suffer, must nothing be done to spare to survivors that needless agony which we so frequently witness on account of premature death from ignorant mistake in medical treatment? But two days ago I suffered more on this account than I had believed it possible for me to feel for a person so lately known to me. The wife of an old acquaintance of mine has in this way been suddenly and unexpectedly left a widow with several children. A vile apothecary was nursing with poultices what he called an abscess in her husband's leg; when in a moment of exertion it burst, and the unhappy man's life fled with his blood from a ruptured aneurism.

COLLEC-

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

State of Medical Practice and Diseases in Tripoli, in the year 1811; *by* E. BLAQUIERE, Esq.

THE number of physicians throughout the regency is not equal to what we have in the London Hospital; and such is the uninterrupted health enjoyed by all classes of the community, that these have but little practice. Their fees seldom exceed sixpence; even operations are performed for a shilling! Nothing is internally administered to patients except herbs of different kinds; regimen is the great resource during sickness. The surgical instruments would doubtless excite the curiosity of our faculty; they consist of a few irons of different sizes, with figures marked on the ends; these are applied to various parts of the body, as the nature of diseases requires; their miraculous effect, in many instances that have come within my own observation, furnishes a most interesting ground of speculative inquiry as to the effects of fire and heat on the human system. However incredible the assertion may appear, I have, during my intercourse with Tunis and this place, known several attacks of rheumatism to be removed by the application of these irons, and one case, in which a person suffering from the effects of a rupture received the greatest relief. The instrument is usually applied behind one of the ears, and often under the ancles: wounds are generally burnt out by them, and ulcers of a serious nature are frequently cured.

There are no public hospitals; and cripples, or people of a deformed appearance, are never seen in public.

Broken bones and fractures are very successfully treated in general; the ostrich grease is universally applied to them and contusions of every description. Amputations are performed with amazing celerity; the arteries are not taken up as in Europe; and a limb is no sooner taken off, than the stump is dipped into a bowl of hot pitch, which generally stops the bleeding, and soon brings about a cure. In fact, when we reflect on the simplicity of treating diseases in this almost savage country compared with the innumerable medical impositions peculiar to our own, it is impossible not to deplore the progress of refinement, which, if it has raised us above other people in so many ways, has also created a number of imaginary evils unknown to a less civilized state of society.—*Letters from the Mediterranean*, 1813.

Quarterly

Quarterly Report of the Diseases occurring in Boys at Christ's Hospital, with a Synoptical Table, and Practical Observations; by HENRY FIELD, Member of the Society of Apothecaries, London, and Apothecary to Christ's Hospital.

Christ's Hospital, although placed nearly in the centre of London, may be considered as occupying a very healthy situation. It stands adjoining to the highest spot of ground in the city, and comprises, within its boundaries, an area of several acres of land, a considerable part of which is allotted as a place for the play and recreation of the boys, which renders the buildings sufficiently open, and thus admits a free circulation of air. Several of the wards or dormitories are well adapted for the purposes to which they are applied, while others of them are not so lofty as might be wished. This arises from the buildings not having been originally erected for their present uses, but accommodated to them, from time to time, as necessity required, or circumstances would allow.

The hall, or eating-room, is spacious and convenient; as are likewise the several school-rooms.

The boys are not admitted under the age of seven years, nor permitted to remain in the school longer than that of fifteen; with the exception of a few of them, who are intended either for the university, or for the sea service. As much the greater part of the younger boys, at their first admission, are sent to the school at Hertford, where they continue three or four years, and are then brought up to London; a very large proportion of those in London may be considered as being between the ages of eleven and fifteen years.

Their diet is plain and simple; the allowance of bread is very ample and of the best quality; that of animal food is in quantity moderate, and of culinary vegetables but small: but the great quantity of bread allotted to them, renders the latter less necessary, and thus, without material inconvenience, they are dispensed with.

Their clothing is sufficiently warm. They generally go about in the open air with their heads uncovered, the small round caps, which are part of their costume, not being well adapted to that purpose; but it does not appear that this is attended with effects prejudicial to their health. Perhaps the circumstance of being almost constantly uncovered, may render them less susceptible of the impressions of cold, than if they were sometimes covered and sometimes exposed; which is generally the case with boys of the same age at other schools, whose hats, even when out of the house, are as often off their heads as on them, particularly during the hours of play.

Some of the boys educated in Christ's Hospital have been delicately brought up, being the children of parents once in the higher or more opulent stations of life, but reduced in their circumstances; others, on the contrary, are derived from the lowest stations, and from necessitous parents: but much the largest proportion are the children of clergymen, and of persons in the middle walks of life. The general constitutions of the boys may, therefore, be expected

to be healthy and vigorous; neither, on the one hand, much enervated by excess of care and indulgence in infancy, nor, on the other hand, debilitated and impoverished by neglect, too great exposure to inclement seasons with inadequate clothing, or a diet, defective in quantity, and perhaps ill calculated for the purposes of nutrition. Their state of health is, for the most part, found to be such as to justify these expectations.

These introductory remarks might be much extended, but they will probably be esteemed sufficient to afford the previous knowledge that is necessary to our immediate subject.

It being my intention to commit to writing a quarterly report of the diseases occurring in the Infirmary of Christ's Hospital, it will be desirable to divide the year in such manner, as to correspond, as nearly as possible, to the four usual seasons. The winter season will therefore comprise the months of December, January, and February; the spring season, those of March, April, and May; the summer season, June, July, and August; the autumnal season, September, October, and November.

The diseases will be enumerated in the tabular form; to which will be subjoined such observations as shall be requisite to elucidate those cases which may be esteemed worthy of particular attention; or, to convey such general information as may appear calculated to promote the science and improve the practice of medicine.

TABLE OF DISEASES.	1813. December.	1814. January.	1814. February.
1 Cynanche Tonsillaris	9	—	1
2 Cynanche Trachealis	—	2	1
3 Rheumatismus acutus	2	1	—
4 Tussis Catarrhalis	1	2	4
5 Febris Synochus	8	3	4
6 Scarlatina Anginosa	22	1	3
7 Enteritis	1	—	—
8 Odontalgia Catarrhalis	3	3	—
9 Obstipatio	1	1	2
10 Otalgia	1	—	1
11 Variola	—	1	2
12 Peritonitis	—	1	—
13 Pleurodyne	3	—	1
14 Nausea, Gastrodynia vel Diarrhœa	8	3	6
15 Urticaria	—	—	4
16 Lichen simplex	—	—	1
Total	59	18	30

Observations.—Notwithstanding the great severity of the weather during the month of January, it seems to have produced no ill effects upon the health of the boys in Christ's Hospital. The number of diseases occurring among them has been unusually small, when considered as one of the winter months. This is, however, no more than what might have been expected, it being consistent with general experience, that children at this period of life suffer but little inconvenience from the effects of cold, notwithstanding it may be extremely severe.

The

The only instance of fatality which has happened among us during the last three months, was in the case of Enteritis, reported in the month of December. Though the boy was only a few days in the Infirmary, yet there is reason to believe, from the appearances on dissection, that the disease must have been some considerable time coming on. The symptoms were by no means well defined, nor were there any very alarming appearances until about twenty-four hours before death, about which time mortification probably took place. The extent of mischief, which was afterwards discovered, was under these circumstances truly astonishing.

The body was opened about forty-eight hours after death, by Mr. Stanley, assistant to Mr. Abernethy, and a very skilful and accurate anatomist, who has favoured me with the following statement:

Appearances on Dissection of D. P. aged 15 years.—On opening the cavity of the abdomen, there were seen the effects of recent inflammation to the greatest extent, having pervaded every part of the peritoneum, both in the situation where lining the abdominal muscles, and in its reflections upon the viscera: an effusion of a turbid serous fluid, in quantity exceeding a pint, in which were floating flakes of coagulable lymph, had taken place into the cavity. The contiguous surfaces of the intestines were in many parts adherent. The jejunum, for an extent of two or three inches, appeared in a state of sphacelation. To this portion of the small intestine was connected a sac, apparently composed of an organised texture, and containing between three and four ounces of a dark-coloured fluid, having no particular odour. Its attachment to the peritoneal coat of the intestine was by a slender pedicle, but no continuity could be traced between the interior of the sac and the cavity of the intestine. The mucous lining of the stomach exhibited a healthy character, as well as that of the rest of the alimentary canal: the structure of the other viscera was natural.

The sac, or appendix, which was found adhering to the jejunum, is probably a very uncommon production, and whether congenial, or formed during life, it must certainly have been of very long standing.* As this sac discovered a higher degree of sphacelation than the other parts of the intestines, it is not improbable that the commencement of the disease might have taken place there, in the form of chronic inflammation, causing an exudation on the internal surface, gradually distending it to the size in which it appeared after death, and forming that peculiar fluid which it then contained.

Scarlatina Anginosa makes a prominent figure in this Table of Diseases, having been very prevalent among the boys during the whole of the present season. It commenced in the beginning of November, and has been, with a few exceptions, very mild in its form. The number of cases of this disease occurring in the Infirmary since that time were forty-eight, all of which terminated favorably. It has made its appearance at three different periods with-

* Something similar to this may be found in Morgagni de Sed. et Causis Morbor. Epist. 34, Art. 6.

in the last seven years. The whole number of boys, who have undergone the disease in that time, has exceeded one hundred and fifty; but not one instance of fatality under it has taken place. This may have arisen partly from the general mildness of the disease: but I have no doubt that considerable advantage is at all times enjoyed by the children of this house over those in private families, in the much earlier application of remedies to them when indisposed. In private families two, three, or more days often elapse, even when the morbid symptoms are severe, before medical advice is called for; during which time either nothing whatever is done, or only domestic and empirical remedies are employed. Though these remedies may have caused no positive injury to the patient, yet they must have been attended with the loss of invaluable time; during which the disease may not only have been acquiring strength, but the proper period for the application of powerful preventives may have passed by, and that stage of the malady arrived, in which such means cannot with safety be employed.

On the contrary, in Christ's Hospital, the nurses who have the charge of the boys when in health, have no concern in the management or care of them when ill, and are, therefore, under no temptation to neglect their duty in sending them to the Infirmary immediately upon the first appearance of indisposition.

Cynanche Trachealis is not an uncommon disease among the boys. Eleven cases of it have occurred during the year 1813. This is much beyond an average number, there having been only five instances of it in 1811, and two in 1812, exclusive of three cases which were connected with measles. Some of them were highly inflammatory, while in others the symptoms were mild, and the degree of inflammation moderate. The remarks, already made, upon the advantages attending the early application of suitable remedies, are in no cases more important than in the disease now before us: and the very great success, which has almost invariably followed the treatment of this dangerous malady, is too remarkable not to be considered as a striking confirmation of this opinion. I am perfectly aware that when this disease happens in early infancy, the speediest and most judicious application of remedies will often prove fruitless: this may be caused, partly, by the difficulty of carrying the evacuating plan to a sufficient extent at that age; and, partly, to the rapid vascular excitement which may then be expected to take place. I have long been of opinion that the prognosis of danger in Cynanche Trachealis may be generally formed, under equal degrees of disease, by the age of the patient: the probability of recovery increasing in a ratio nearly corresponding with the increase of years, at least until the age of puberty. How far this observation applies to adults, my experience is not sufficient to enable me to determine; but I have, within this month, had an instance of similar success in a youth about eighteen years of age.

The remedy, on which I would chiefly rely in this disease, is blood-letting, and that performed as expeditiously as possible. It has not been uncommon, in this house, for a boy of ten or twelve years

years of age to have lost as many ounces of blood from the arm as early as within an hour or two after the first attack. The symptoms are almost always immediately alleviated; and though they will sometimes return after an interval of twelve or twenty-four hours, yet a repetition of bleeding, in quantity proportioned to the age and other circumstances of the patient, seldom fails to be attended with the best effects. At the same time, confinement to bed, a strictly antiphlogistic regimen, purgatives, especially with the submuriate of mercury, an emetic, antimonials in nauseating doses, and vesicatories, are some, or all of them to be employed, as the urgency of symptoms, or duration of the disease may require.

Tracheal inflammation is not uncommon during the febrile state, which exists prior to the eruption of measles. Under these circumstances a similar method of cure to that above described will generally prove successful, and the measles will follow without any unusual severity. I have seen three instances of Croup occurring on the decline of measles, or rather after the danger from that disease appeared to have entirely ceased. Every one of these cases proved fatal in less than forty-eight hours, notwithstanding the most vigorous and decisive application of remedies. They all happened about the same time in September 1807. The atmosphere was then so extremely cold for the season, that most families found it necessary to have recourse to fires, though only about the middle of the month; and to this cause I attributed this unusual event.

In the curative treatment of Croup, I omitted to mention topical bleeding by leeches. Though there are many cases in which they may be useful, and indeed necessary, particularly in very young subjects; yet, where the patient is of such an age as to admit the use of the lancet, it should always be preferred. In fact, early and copious bleeding is, in my opinion, indispensable, and by much the most important part of the curative plan.

Two late French writers on this disease, whose works I have not seen, but from which some extracts are inserted in the Appendix to the Monthly Review, vol. 72, do not appear to have insisted so much upon venesection as I could have wished; indeed, one of them seems to give the preference to topical bleeding by leeches. It is possible that the difference of climate and constitution, in a southern latitude, may render large evacuations of blood more improper than in our northern climate.

The instance of Variola mentioned in the January Report, was attended with circumstances worth recording.

G. M. Y. aged twelve years, was brought into the Infirmary on Thursday, Jan. 13th. He complained of pains in the head, and other parts of the body, with the usual symptoms of fever, of which he had a considerable degree: a slight convulsion fit followed. On the 16th an eruption appeared on the skin, soon discovering itself to be the small-pox, upon which the other symptoms abated. The eruption, though scarcely to be termed confluent, was as full as could well be without running together, and went on for three or four days in the usual manner, the pustules increasing, both as to

dimension and in quantity of fluid contents. After the fourth day no further increase appeared to take place, the pustules gradually diminished, and on the ninth day, from the first eruption, were nearly all dried away. There were no alarming symptoms after the first two or three days, and the boy is now perfectly recovered.

Having understood from his parents that he underwent variolous inoculation in his infancy, I wrote to them, requesting information on the subject, and received, in answer, the following particulars from his father, a clergyman of the Church of England:—That, about eleven years ago, he was inoculated at the Small-pox Hospital, St. Pancras. He was then with his grandfather and grandmother at Camden Town, both of whom are since dead. The small-pox being in the neighbourhood, these relations, in the absence of his parents, considered it best for him to be inoculated; and on their return to town, they found their son well sprinkled with small-pox pustules.

The register books of that hospital have been carefully examined, for the space of three years, about the period alluded to, in order to obtain further satisfaction, but no trace of such inoculation can be discovered. The father is, nevertheless, perfectly certain of the fact, well recollecting that on his return to London, he met the person who had then the care of his child, coming out of the Hospital with him in her arms, and the eruption fully out upon him. It must, therefore, be supposed that he was registered there under a fictitious name; which is a circumstance I understand by no means uncommon, when the parties wish to remain unknown.

To remove all doubts of this secondary disease being truly variolous, I have to observe that the two cases of variola, contained in the February Table, were certainly received by infection from this boy.

Both the subjects of it had been previously vaccinated. The history of their vaccination I have had no opportunity of inquiring into; but from the appearances upon their arms, should suppose it to have been correctly performed. The secondary disease, in both instances, was very slight.

Having in my possession minutes of another case of small-pox after variolous inoculation, which has not been made public, I shall take the liberty of communicating it, though it occurred prior to the period of our present investigation.

G. I. was inoculated with the small-pox at Camden in Glocestershire when about two months old: the other children in the family were inoculated at the same time, as were also the servants; the children went through the disease in general very favourably, but some of the servants suffered much under it. The subject of our present notice is said not to have taken the disease on the first application of virus, and was therefore inoculated again, when he received the infection in so favourable a manner as to have had only two pustules. The appearance upon the arm at this time is such as to indicate much local action, having left a scar of considerable magnitude, closely surrounded with small marks or pits, apparently from those pustules;

which are well known frequently to encircle the place of insertion, when much inflammation is excited there, and is usually an indication that a mild disease will follow.

He was afterwards admitted into Christ's Hospital, and on the 28th of Sept. 1812, when about fourteen years of age, was attacked with symptoms of general fever. Three days afterwards a copious eruption appeared on the skin, which soon discovered itself to be the small-pox: the disease went through its usual stages with the most perfect safety, producing a very considerable crop of pustules, which maturated well, and on the twelfth day from the first appearance of eruption were nearly all exsiccated. I have reason to believe that he had not been, prior to this time, much exposed to variolous contagion, having resided chiefly in the country, either with his friends, or in the school at Hertford. The circumstances attending the inoculation were communicated by his relations.—*Apothecaries' Repository.*

Case of an extensive Fracture of the Cranium, accompanied with Laceration of the Dura Mater and Cerebrum, that terminated favorably; by WILLIAM SHEARLY, Surgeon, Deal.

Lieutenant Shepperd, Royal Marines, was wounded on board his Majesty's ship Ariadne, by a musket ball, which struck him on the right parietal bone, close to the sagittal suture, whilst in action with a French flotilla off Boulogne.

On being landed at the Royal Naval Hospital, Deal, the 19th day of July 1805, the day after the accident, and at the time I was serving as senior assistant-surgeon to that establishment, the pupils of both eyes were much dilated, particularly the right, with coma and stertorous breathing. On examination, the wound of the scalp was found remarkably small; but on the application of the finger to the part, accompanied by moderate pressure, so extensive a fracture was discovered, as to render it necessary to expose the cranium from the right frontal tuberosity, to within half an inch below the lambdoidal suture. The part of the skull struck by the bullet was about the centre of the sagittal suture, where the dura mater was found lacerated to some extent, and the cerebrum wounded. A small quantity of brain was protruded through these lacerations, about the size of two peas, which afterward increased to that of a small hazel nut. So considerable was the fracture, that, on the first examination, twenty-two pieces of different portions of the frontal, parietal, and occipital bones, were removed, including both tables of the cranium, leaving the dura mater exposed to the extent of two inches and a half in a longitudinal direction, and one and a half transversely. All the detached portions of bone that were beaten down upon the dura mater, or thrust through that membrane, being removed, and the coagula of blood cleared away, the divided scalp was restored to its original position, as nearly as possible, by means of slips of sticking plaster; and the patient placed in bed.

Soon after, he evinced signs of returning animation; but his pulse for several hours was scarcely perceptible, owing most probably to the quantity of blood that issued from the divided arteries of the scalp

scalp during the operation. Dilatation of the pupils continued for two hours; but the contractile power being gradually restored, the patient sunk into a comfortable undisturbed sleep for several hours, from which he awoke much refreshed. As the patient's senses were gradually restored, all the different viscera resumed their customary functions, with the exception of the bowels, which remained obstinately torpid. It is scarcely necessary to add, that the treatment was strictly antiphlogistic.

The wounds had from the beginning a healthy appearance, without the least disposition to throw out fungus, either from the brain or the dura mater. During the cure, several small exfoliations took place of both tables of the skull. Mr. Shepherd's strength returned much sooner than might have been expected from this alarming and extensive injury done to parts so essential to life. The speech was much injured; and great irritability of disposition was manifested, as his recovery to perfect health advanced.

The foregoing case evidently shows the great regenerating powers of nature, and adds another proof to the few extant, that the dura mater and brain may be violently and extensively injured without fatal consequences ensuing. It proves also that the dura mater may be punctured with every chance of success, when effusion between that membrane and the brain is found to exist; which practice has been most fully exemplified by Dr. Hutchinson, surgeon to the Royal Naval Hospital at Deal, in a very valuable paper published by him, in the 2d volume of the Medico-Chirurgical Transactions. In Dr. H.'s case, it was the dura mater of the cerebellum that was punctured; the only instance of the kind on record. Mr. John Bell's remark, "that he had always found the puncture of the dura mater fatal," must therefore be considered merely as a caution to young practitioners.—*Apoth. Rep.*

Experiments and Observations on the Influence of the Nerves of the eighth Pair on the Secretions of the Stomach; by B. C. Brodie, Esq. F.R.S.—In a paper formerly communicated to the Royal Society by Sir Everard Home, and since published in the Philosophical Transactions for 1809, some facts were stated which render it probable that the various animal secretions are dependent on the influence of the nervous system; and this opinion seemed to derive support from some physiological experiments which were afterwards instituted by myself, and in which it was observed, that after the functions of the brain had been destroyed, although the action of the heart continued, and the circulation of the blood was maintained as under ordinary circumstances, the secreting organs invariably ceased to perform their office.

It has been attempted by former physiologists to determine how far the nerves are necessary to secretion, but there are considerable obstacles in the way of this inquiry, and no observations that have been hitherto made, appear to throw a great deal of light on the subject. The only method which can be devised of ascertaining, by direct experiment, whether the nerves are really necessary to secretion,

tion, is that of dividing the nervous branches by which the glands are supplied; but this, with respect to the greater number of the glands, is an experiment impossible to perform, and, with respect to others, cannot be executed without so much disturbance and injury to the other parts, as must render it extremely difficult to arrive at any positive results. Perhaps, in future investigations, some circumstances may arise which will enable us to determine more satisfactorily this important physiological question. In the mean time, as the labours of physiologists huve hitherto contributed so little to this purpose, any facts that tend to its elucidation may deserve to be recorded, and I am therefore induced to lay before the Society the following experiments, which afford one example of a secretion being dependent on the influence of the nerves.

The stomach derives its nerves principally from those of the eighth pair, or the *par vagum;* and the same nerves, as they assist in the formation of the semilunar ganglions, contribute to the supply of the rest of the alimentary canal, particularly of the small intestines. In an inquiry which I had formerly instituted, respecting the functions of the stomach, I divided these nerves in the neck of a dog, for the purpose of ascertaining the influence which they possess on the secretion of the gastric juice; but I was disappointed in my expectation, since the animals always died, in consequence of the disturbed state of the respiration, which the injury of the nerves occasioned, before there was an opportunity of ascertaining the effect produced on the process of digestion.

I had formerly ascertained, that in a dog poisoned by arsenic, there is a copious secretion of mucous and watery fluid from the mucous membrane of the stomach and intestines, which are in consequence found after death completely and preternaturally distended; and it occurred to me, that although I could not ascertain the effect of the division of the nerves of the eighth pair on the natural secretions of the stomach, it might be possible to ascertain the effect on a secretion thus artificially produced. With this view I instituted the following experiments.

Exp. 1.—The nerves of the eighth pair, with the accompanying sympathetic nerves, were divided in the neck of a dog, and immediately afterwards ten grains of arsenic were inserted into a wound of the thigh. The breathing became laborious, as is usual where these nerves are divided; and afterwards the same symptoms took place as commonly arise from the poison of arsenic, with this difference, that there was no discharge of fluid either from the stomach or intestines. He died at the end of three hours and a half. On dissection, the stomach and intestines were found to contain only food and fæces, there being none of the mucous and watery secretion usually met with in an animal which has been killed in the same manner. The mucous membrane of the stomach and intestines was highly inflamed.

Exp. 2.—The experiment was repeated on another dog. He died at the end of nine hours, and on dissection the stomach and intestines were not found to contain any mucous or watery fluid. Their mucous membrane was inflamed.

Exp.

Exp. 3.—A dog, immediately after the division of the same nerves in the neck, was made to swallow two ounces of saturated solution of white oxide of arsenic in water. He died at the expiration of three hours. On dissection, the stomach and intestines were found slightly inflamed, and they contained no mucous or watery fluid.

In these experiments, the animals died from the application of the arsenic, and the poison produced the usual symptoms, with the exception of the copious mucous secretion, which takes place in other instances from the stomach and intestines. The obvious conclusion was, that this secretion was prevented in consequence of the nervous influence having been interrupted by the division of the nerves of the eighth pair; but as this injury always induces a disturbed and laborious respiration, it was desirable to ascertain how far this circumstance might have operated towards the production of this effect, and I therefore repeated the experiment, but with this difference, that the nerves were divided in such a way as not to interfere with the functions of the lungs.

Exp. 4.—Having made an incision into the abdomen of a dog, immediately below the short ribs, I divided, by means of a bistoury, the stomachic ropes formed by the nerves of the eighth pair, where they are situated on the œsophagus, immediately above the cardiac orifice of the stomach. The wound was closed by sutures. The respiration was not in the least disturbed, but was performed as frequently, and with as much ease, as under ordinary circumstances. The animal was afterwards inoculated in the thigh with the white oxide of arsenic, and he died in a few hours after the application of the poison, with the ordinary symptoms, except that there were no fluid evacuations from the stomach or intestines.

On dissection, the mucous membrane of the stomach and intestines was found inflamed. There was no watery or mucous fluid in the stomach or small intestines. There was a small quantity of mucus in the colon.

The result of this being the same as that of the former experiments, we may conclude that the suppression of the secretions in all of them was to be attributed solely to the division of the nerves; and all the facts which have been stated sufficiently demonstrate, that the secretions of the stomach and intestines are very much under the controul of the nervous system. We cannot indeed venture to deduce from them any positive conclusions respecting the necessity of the nervous influence to the secretions in general, but as forming one link in the chain of an interesting but difficult physiological investigation, the circumstances which have been mentioned may perhaps be considered as possessing some value, and as worthy of being recorded.

It is proper to observe, that I have attempted to pursue the investigation, so as to ascertain the effect produced on the process of digestion by the division of the stomachic ropes on the termination of the œsophagus; but various circumstances, which it would be unnecessary to enumerate, have prevented my proceeding in the inquiry, and seem almost to render it impossible to make any observations on this subject.—*Phil. Trans.*

CRITICAL

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

A Practical Account of the Fever commonly called the Bilious Remittent, as it appeared in the Ships and Hospitals of the Mediterranean Fleet; with Cases and Dissections. To which are added, Facts and Observations, illustrative of the Causes, Symptoms, and Treatment of Fever, in the Mediterranean; comprehending the History of Fever in the Fleet during the Years 1810, 1811, 1812, 1813; *and of the Gibraltar and Carthagena Fevers.* By WILLIAM BURNETT, M.D. Physician of the Fleet, late Physician and Inspector of Hospitals to His Majesty's Fleet in that Sea. 8vo. pp. 296. Callow, 1814.

THE existence of local inflammation as a frequent cause of fever, though established on the most undeniable evidence, has not received that attention from practitioners which the importance of the fact demands. Sensible of the value of blood-letting in many fevers, and particularly in those of warm climates, we are happy to find this doctrine so ably maintained in the volume before us, which contains abundant and conclusive evidence on the subject. We trust the time is now arrived when the brown furred tongue and the crusted tooth will no longer be considered the characteristics of putrescence, or the prostration of strength be deemed sufficient in itself to contra-indicate the use of the lancet.

It is curious to remark the great feeling of debility and tendency to fainting which existed in our author's cases under circumstances where bleeding was indispensable. The disease in most instances commenced with lipothymia, when the victims suddenly fell down with giddiness. The *pulse could scarcely be felt*, and yet these alarming symptoms immediately gave way to liberal and copious bleedings. The patient, who came in supported, or carried by men, after the abstraction of twenty ounces of blood, got up and walked, wondering at his relief. Venesection was the sovereign and speedy remedy in alleviating their sufferings, producing a perfect remission in twenty-four hours, the blood always exhibiting strong inflammatory marks. One man lost

198 ounces of blood before the fever was subdued, and this had so little effect in producing *debility*,* that the man was on duty in three weeks.

Advocates as we are for the practice of depletion, let it not be supposed that we consider this remedy applicable to *all* fevers. No man in his senses can maintain such a proposition who has read the admirable description of the nervous fever by Huxham; but it cannot be denied that many cases which have received the fashionable though insignificant name of typhus, are in reality the symptoms of local disease, whose seat varies in different patients. On this part of the subject we shall content ourselves with giving a general hint, leaving it to our brethren to discriminate between the cases in which bleeding is or is not necessary. The following is the author's description of the fever, with the dissections *post mortem*.

"Towards the end of June, or commencement of July, slight attacks of fever begin to present themselves; the patient complains of considerable head-ach, with nausea and prostration of strength; the eyes are somewhat suffused, and the countenance a little flushed; the tongue is white and moist, and he has considerable thirst; the skin is at times moist, and the temperature little increased; at others it is dry, and the heat pungent. The pulse is sometimes full and strong, beating at the rate of 120 in the minute; in others it is less so; and in some the increase of velocity is scarcely perceptible: there is commonly constipation of the bowels, and loss of appetite. Though this is, for the most part, the appearance of the fever of the summer on its first attack, yet in many instances it has been found to put on a far more serious aspect, and assume the form of the severer degree of this fever, which occurs in the autumn. This, however, has in general been traced to some irregularity committed by the patient, as exposure to the sun or night dews; or else to the plan of treatment adopted at the commencement of the disease. At this time the gastric symptoms are seldom severe, the head being the viscus most materially affected, and to the relief of this, and the free evacuation of the intestines, must the principal attention of the medical attendant be directed. As the summer advances, the attacks become more formidable, and accordingly require the most prompt and efficacious treatment.

"The patient first feels a degree of lassitude and prostration of strength, (in some the latter appears very considerable); this is succeeded by a sense of chilliness, extending along the spine and lumbar region, which is followed by increased heat and severe head-ach,

* It is of great importance to attend to the distinction between depression of strength and actual debility. The former has not unaptly been compared to a spring depressed by a weight, which returns to its former elasticity and power when the weight is removed.

referred

referred chiefly by the patient to the forehead and temples; and in the severer cases it extends in the course of the longitudinal sinus. A deep-seated pain in the orbits is also experienced; the eyes are sometimes unnaturally prominent, with a watery inflammatory appearance, and impatience of light. There is often a very considerable degree of redness and tumefaction of the face, the skin having a glossy shining appearance; the flushing of the face frequently extending downward, as far as the superior part of the sternum: the tongue is white or slightly yellow, and commonly moist, with a bad taste in the mouth. There is a sense of uneasiness in the epigastric region, with nausea, and in some patients a vomiting of a bilious-like matter; pains in the joints, back, and calves of the legs, disturbed sleep, and constipation of the bowels, are amongst the symptoms usually observed. The pulse for the most part is full and hard, though not always, particularly where the gastric symptoms are severe; at other times it is oppressed, but rises under the lancet. In its first state, which generally accompanies the severe local affection of the brain, it beats from 110 to 120 in the minute, sometimes upwards of 130, but at this period it is not a very common occurrence. In its second stage, which generally accompanies a more advanced stage of the attack, the pulse seldom exceeds 90 or 100, and is not so full; nay, is frequently observed to be slower than natural; there is generally a throbbing of the carotid and temporal arteries, with great thirst and considerable anxiety. The superior parts of the body are sometimes covered with a profuse perspiration, but generally the skin is dry, and the temperature increased; if the disease be advanced, the heat is often pungent, and there is through its whole course a loathing of food. Severe rigors sometimes, but not very commonly, precede the hot stage of the disease.

"In many cases, however, this fever makes its attack without any very sensible previous indisposition, and in several instances, the patient, while at his usual work, has dropped down in a state of insensibility; but this stage of the disease seldom lasts long, re-action takes place with increased circulation, and the most marked symptoms of determination to the brain. During the winter months, the morbid affection of the brain is not at all times so prominent a symptom, nor are the bowels so much constipated: there is often a more anxious look in the beginning, some pain upon pressing the abdomen, and the pulse is seldom so full, when the last symptom is considerable. The attack has also been accompanied by cynanche tonsillaris, but this soon ceases to be a prominent symptom. In the summer and autumnal months, an attack of cholera morbus, or diarrhœa, has preceded this fever.

"If the patient has not complained till the second or third day of his illness, if the disease has been treated as a typhoid affection, or when the attack is violent, if the most prompt means have not been adopted, the patient will commonly have a different appearance. The head-ach is still severe, but accompanied by stupor, disinclination to answer questions, and indifference to surrounding objects: the eyes have a duller look than usual, and frequently the preceding

inflammatory appearance, has in some measure given way to a slight yellowness of the tunica adnata, which soon extends to the face and neck, and often, in twenty-four hours from this time, to the whole body. The tongue is now covered with a thick yellow coat, or is brown and dry in the middle, the edges having a red inflammatory appearance; the prostration of strength is considerable; the anxiety and pain in the limbs great; the uneasiness in the epigastric region is urgent; and there is frequent vomiting of a bilious-like matter, and most harassing singultus; the pulse under these circumstances is commonly much smaller, varying from 100 to 120, and often is more frequent. There is at this time no very considerable increase of temperature, the features exhibiting rather a shrunk and anxious appearance, with occasional partial flushings. In the severe attacks, about the third day, there is often an appearance of a complete remission, but the evening puts an end to the delusion; an exacerbation takes place, with great increase of all the dangerous symptoms. Unhappily this deceitful period has often been mistaken for a real remission of the symptoms, and both tonics and stimulants have been given, with a view to prevent a recurrence of the paroxysm; but vain, indeed, are all such efforts,—they serve but to increase the malady.

"As the disease advances, the pain and uneasiness about the epigastric region continue to increase. There is now almost constant vomiting, considerable pain upon pressure, great restlessness, with oppression at the præcordia. The abdomen is likewise painful, with frequently thin, black, fœtid, and sometimes gelatinous-like stools. The suffusion, at first of a bright yellow, now assumes a darker hue; the skin is at times moist, or there are partial sweats; and commonly a disagreeable fœtor is exhaled from the person or linen of the patient. Under all these distressing circumstances he often retains his intellect, answering questions rationally; but there is almost always some degree of wandering, and inattention to surrounding objects. If the head has been materially affected, there is occasionally considerable delirium, which commonly terminates in a state of coma. The pulse becomes irregular, sometimes full, at others quick and small, and often intermitting. The uneasiness about the epigastric region is intolerable, and some patients have complained of a burning sensation, extending upwards to the throat. The vomiting is incessant, often of blood, succeeded, *in some cases*, by a matter resembling coffee grounds; blood exudes from the gums and fauces, with hæmorrhage from the nose, and often in considerable quantities from the anus. About this time subsultus tendinum comes on, with picking of the bed-clothes, constant tossing in the bed, and suppression of urine, with an irksome pain across the pubes. In many cases complete ischuria renalis; in a few, the bladder has been found distended, and required the introduction of a catheter; in many, the stools are passed involuntarily. Swelling and suppuration of the parotids, petechiæ and vibices, though not general symptoms, have in several cases occurred. The tongue is now covered by a black crust, the teeth are surrounded by sordes, the breathing becomes more laborious, with

with great action of the respiratory muscles. The anxiety is extreme; the pulse sinks so as to be sometimes scarcely perceptible, and intermits; cold extremities, clammy sweats terminate the scene, frequently on the third or fourth, but generally from the fifth to the eighth day; though sometimes death is protracted beyond that period.

"These are the symptoms which mark the progress of this fever, under its most formidable mode of attack, or when it has been neglected or improperly treated. In many instances it proceeds through its whole course, bearing strictly the form of a continued fever; in others there is a deceitful remission about the third day. But in by far the greater number of cases, though there are evening exacerbations, there is but seldom any evident and clear remission in the morning. The most attentive observation by myself, and others on whom I could rely, has failed to detect the distinct remissions ascribed to this disease by Dr. Cleghorn.

"The train of symptoms which have been just enumerated, will not always be presented in the same patient, nor is death itself uniformly preceded by such appearances as I have described, particularly when the disease terminates fatally before the third day, or before the first stage of the disease is past. In such cases the brain is the part more immediately affected, and death has sometimes taken place suddenly; the pulse remaining full, soft, and even somewhat strong, till nearly the last moments.

"I have before observed, that during the early part of summer, the brain is the organ most violently attacked; when the heat increases, and the periodical rains fall, the gastric symptoms become severe, but without diminution of the local affection of the head. As autumn advances, there is often an inflammatory affection of the intestines, frequently from improper treatment, terminating in dysentery. In the winter months, this disease is often accompanied by severe and evident inflammation of the lungs. In the summer and autumn, slighter affections of the lungs are occasionally observed, but the patient seldom complains of this, unless when asked.

"The symptoms which evince a more favourable termination, are the head-ach less severe in the first stage; the prostration of strength less remarkable; and the affection of the stomach more moderate; the pulse soft, and less frequent; and a gentle *uniform* moisture covering the whole body. The absence during the progress of the disease of the severe gastric symptoms, of the yellow suffusion, of ischuria, dyspnœa, singultus, and subsultus tendinum; the bowels moderately open, without pain on pressure.

"There are few severe cases when the disease is protracted beyond the third day, and in which the gastric symptoms are urgent, that the yellow suffusion does not make its appearance in; and the earlier it is observed, and the deeper hue it assumes, so in proportion is commonly the danger of the patient; not only as to his present recovery, but also as to the ultimate consequence of the fever; as in almost every instance it portends a protracted convalescence, and not unfrequently is followed by a diseased state of the liver, dropsical swellings, or irregular attacks of intermittent fever, probably depending

ing on a morbid state of the brain, or other viscera. The foundation of phthisis pulmonalis is often laid by this disease, and the patient, though saved from the immediate, is destroyed by the remote effect of it."

General Appearances on Dissection.

"*External.*—The bodies of such as died during the inflammatory stage of the disease, were in general more slightly tinged with yellow. The yellow suffusion of those who died at a more advanced period, was found of a deeper hue. A dark livid appearance on the shoulders, and extending upwards to the occiput, was common to all. In several, livid blotches on different parts of the body; in a few, large black lines on the abdomen; the scrotum frequently quite livid. Black or reddish blotches on such parts as had suffered compression were common. In some petechiæ; abdomen tense; in a few, swelling and suppuration of the parotids.

"*Brain.*—Vessels generally distended; in many instances completely gorged with blood. The membranes highly inflamed, with often a blood-shot appearance. Depositions of coagulable lymph in different parts, particularly in the circumvolutions of the brain. Adhesions of the hemisphere were common. The ventricles often distended with fluid, sometimes limpid, at others yellow. Membranes of the brain frequently yellow. Substance of the brain of a firm consistence.

"*Thorax.*—The lungs often in a high state of inflammation; at other times effusion had taken place, and depositions of coagulable lymph on different parts. Adhesions to the pleura costalis were frequent. Pericardium inflamed, and preternatural collection of fluid within that membrane. Diaphragm highly inflamed, with occasionally depositions of coagulable lymph on its surface. Effusion to the extent of several ounces in the cavity of the thorax.

"*Abdomen.*—Liver generally enlarged, but not so commonly, showing great external marks of inflammation; frequently livid towards the lower edge of its concave side.

"Gall-bladder moderately full of inspissated bile.

"Stomach generally more or less inflamed and distended with air, containing a dark-coloured matter, adhering at times to its villous coat.

"Intestines bearing marks of inflammation through their whole course, distended with air, and containing a matter similar to that found in the stomach; frequent intussusceptio.

"Urinary bladder seldom distended, at times showing slight marks of inflammation."

The treatment proper to be adopted may be collected from the preceding observations. Bleeding, cold air, cold affusion, and the antiphlogistic regimen, seem to be indispensable.

Emetics, we think, are very properly objected to; and the author cautions the young practitioner not to trust solely to the use of the *cold or tepid affusion*, which are *most valuable auxiliaries*, but never of themselves to be depended on.

The

The use of mercury, except as a purgative, has never been found in the author's practice to be attended with benefit. *Many who were labouring under venereal disease, and whose systems were completely under the influence of mercury, were attacked with the same fever.* The pediluvium was found to increase the symptoms.

The remaining part of the work is devoted to the consideration of the fevers of Carthagena and Gibraltar, and the conclusions drawn from a great mass of evidence adduced on the subject, favour the opinion that these diseases are of the same nature with those of the Mediterranean, and consequently require the same treatment. The fatality of the Gibraltar fever is scarcely to be equalled in the annals of history. In *one epidemic only*, out of fourteen thousand inhabitants, five thousand nine hundred and forty-six died, being upwards of two-fifths of the whole population. Will it be credited that a fever, characterised by *violent pain in the head (confined chiefly to the eye-balls and forehead)*, back, and calves of the leg, flushed face, eyes shining, inflamed, and watery, like those of a person half drunk, could be suffered to run its course without the use of the lancet? Too true it is, and five thousand nine hundred and forty-six died. In justice to Dr. Burnett, we should observe these were not his patients.

The observations which follow are intended to refute the notion that this disease is of a contagious nature, an opinion previously asserted, if *not satisfactorily proved*, by Dr. Bancroft and others. The evidence brought in support of this opinion seems very conclusive, and we sincerely hope that this volume will find its way at least into the library of every army and navy surgeon.

Commentaries on the Treatment of the Venereal Disease, particularly in its exasperated State; including a second Edition of a former Publication on that Subject, considerably augmented and improved. On the Use of Mercury, so as to ensure its successful Effect. With an Appendix, on Strictures of the Urethra, and on Morbid Retention of Urine. By EDWARD GEOGHEGAN, Member of the Royal College of Surgeons in Ireland, Honorary Member of the Royal Medical Society, Edinburgh, and of the Physico-Chirurgical Society, Dublin. 8vo. pp. 219. Cumming and Co. Dublin, 1814.

(Continued from p. 417.)

HAVING pledged ourselves in our last Number to continue the analysis of this interesting volume, we resume the subject;

ject; but as we find the remaining pages fall infinitely below the former in practical importance, we shall not detain our readers by any detail of the sentiments maintained in them. We find nothing to which we particularly object, but, on the other hand, little to commend on the score of novelty.

The author proceeds to give an account of what he considers the best mode of administering mercury so as to ensure its successful effect; after which the subjects of stricture and retention of urine are severally treated.

The practice recommended in the former is that of dilatation by *gum catheters*. It is admitted, we believe, almost universally, that nothing more is necessary for the cure of this disease in its simple form than the daily introduction of a bougie; and it is well known that the use of caustic is not in general had recourse to by the *best* and *most experienced* practitioners of this metropolis. The utility of dilatation cannot be denied, but we doubt whether a catheter can be made sufficiently small for some cases. In the worst instance of the disease we ever met with, the cure was commenced by a piece of whalebone cut to a much finer point than any bougie sold in the shops, which possessed the important advantage of firmness, unalterable by the warmth of the urethra. Something of this kind must necessarily be substituted for the plaster bougie, or gum catheter, when the obstruction is very great.

Where the stricture is seated at the curvature of the urethra, much benefit will be derived from the use of sounds made of different sizes, according to the degree of obstruction.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Volume the Fourth. 8vo. pp. 490.—Longman and Co. 1813.

THE appearance of this volume so soon after the last, at once proves the industry of the society, and the high estimation in which it is held by the profession. We shall notice the papers in the order of their insertion.

I. *Observations on the Venereal Disease in Portugal, as affecting the Constitutions of the British Soldiery and Natives.* By W. FERGUSON, Esq. Inspector-General of Portuguese Military Hospitals.

This paper contains some interesting speculations on the complaint, and will be perused with interest, more, however, as a matter of historical curiosity, than for the practical improvement

provement which it suggests, It is a curious fact observed by the author, that whilst the disease is more obstinate and intractable among our soldiers in Portugal, the natives suffer but little from its ravages, and for the most part require only topical treatment, without any adequate use of mercury. The conclusions which the author has arrived at, and which from his known talent and excellent opportunity for observation we have no doubt are correct, are as follow:

"1. That the disease, in its primary state, is curable in Portugal without mercury.

"2. That the anti-syphilitic woods, combined with sudorifics, are an adequate remedy for constitutional symptoms; the quantity of mercury being always insignificant, and often altogether omitted; or,

"3. That the virulence of the disease has become so much mitigated by reason of general and inadequately resisted diffusion, or other causes, that, after running a certain (commonly a mild) course, through the respective orders of parts, according to the known laws of its progress, it exhausts itself, and ceases spontaneously."

This paper affords an interesting addition to the numerous facts already recorded of that curious disease, which, from its varying character and continual recurrence, must still claim the attention of medical men, and upon which much may yet be written.

II. *Case of Paralysis of the Face, succeeded by certain Nervous Disorders.* By E. PERCIVAL, M.D. Physician to the House of Industry, Dublin.

A variety of the strange affections, generally called nervous, to which females are occasionally liable.

III. *An instance of Spasmodic Affection of the Tongue and Mouth, successfully treated.* By Mr. JOHN MITCHELL, Surgeon, of Kington, Herefordshire.

This case occurred in a female aged fifty; the spasmodic and muscular contraction was violent; appeared consequent on carious teeth, and was not cured till these were removed, and the gums freely scarified.

IV. *Two Examples of the beneficial Effects of Mercury in some severe Affections of the Brain.* By COLIN CHISHOLME, M.D. F.R.S.

"*Case* 1.—A female, aged 17, to whom I was called in August 1811, had for some time been affected with a pain in the region of the liver, accompanied with irregular symptoms of hysterics. The catamenia were regular in their periods and quantity. She was put on a course of mercury, and recovered from all her complaints. In

December following there was a relapse of these complaints; but the hysterical affections were more violent, for there were frequent paroxysms, in which, after strong convulsions, she fell into a state of mental derangement, consisting in delirious ravings and bursts of laughter. The natural functions were not interrupted; she had even a ravenous appetite. As the pain in the right hypochondrium continued, leading to a suspicion that an affection of the liver might have a connexion with these symptoms, the mercurial course was repeated, so as to produce a copious salivation. Under this all the symptoms disappeared. From an imprudent exposure to cold, before she had recovered her strength, all the same symptoms again returned. I had, on this occasion, an opportunity of verifying what Dr. Parry has alleged respecting the compression of the carotid arteries; for I found that this instantly, though temporarily, stopped the convulsions. On the first compression she fell into a state of syncope, and also on the second; but to this succeeded a state of general rigidity of the whole body and extremities, and a suspension of respiration, answering to the description of catalepsy. In ten minutes she started up in a state of mental distraction, which continued for ten minutes. She then relapsed into the cataleptic state; this alteration continued for an hour and ten minutes, and she then recovered her reason and recollection. Recourse was again had to the mercurial plan with complete ultimate success.

"*Case* 2.—A woman, aged 50, to whom I was called on the 1st June, 1812, had, about six weeks before, as I was informed, been suddenly seized with excessive head-ach and vertigo, dimness of sight, palpitation, sense of stricture across the *scrobiculus cordis*, great heat of skin, quick and strong pulse: there had also been a sense of suffocation and a fit of convulsion, which lasted for some hours, and was succeeded by *mania*. The whole paroxysm was completed in twelve hours. These fits returned daily. Evacuants, which I directed, seemed to relieve her, insomuch that she was free from fits till the 6th, when they recurred with much more violence than ever; for the most forcible means of coercion became necessary to restrain her under her tumultuous maniacal emotions. Encouraged by the favourable termination of the former case, I put her under a course of mercurial friction. In six days after commencing this, the paroxysms had entirely vanished, and she was restored to her reason. The friction having been continued so as to produce a ptyalism, she recovered her health, and remained well when I last saw her, which was the 27th of December."

V. *Analysis of the Bones of the Spine in a Case of Mollities Ossium.* By JOHN BOSTOCK, M.D.

The result of this skilful experimenter's investigation is, that in mollities ossium 100 parts of the bone consist of

"Jelly and oil . . .	22·5
Earthy matter . .	20·25
Cartilage	57·25
	100·00

"Human

"Human bones in their natural state, contain considerably more than half their weight of earthy matter; whereas the diseased bone in question contained in one part one-fifth only, and in another one-eighth of its weight."

VI. *Instance of the good Effects of Arsenic in Chorea.* By Mr. T. MARTIN, Surgeon, of Reigate.

In this case the arsenical solution succeeded in curing the complaint after purgatives and other remedies had failed.

VII. *An Example of Symptoms resembling Tic Douloureux, produced by a Wound in the Radial Nerve.* By ALEXANDER DENMARK, Esq. Surgeon to Haslar Hospital.

We insert this as a very interesting case, though very different from the disease called Tic Douloureux, which presents a regular series of symptoms peculiar to itself, and does not originate from external violence.

"Henry Croft, a healthy young man, belonging to the 52nd regiment, was wounded on the night of the 6th of April, 1812, at the storming of Badajos. A musquet ball entered the triceps extensor cubiti, about 1½ inch above the inner condyle of the os humeri, which, grazing the inside of that bone, passed obliquely downwards through the brachialis internus, and out anteriorly near the bend of the arm. The wound soon healed, and without manifesting any particular morbid symptom during the cure. On his admission into this hospital, I found him labouring under excessive pain, which the largest opiates could not assuage, with almost constant watching. The little sleep he had, if it could be called such, was disturbed by frightful dreams and starting. I always found him with the fore-arm bent, and in the supine posture, supported by the firm grasp of the other hand; the wrist also bent, being unable to move it in any other position by the voluntary exertion of its own muscles. He could suffer me to extend the hand, but with increased pain. It always, however, on the removal of the extending power, fell into its former bent situation. The act of pronation he could also suffer me to perform, but in like manner with increase of pain. A small tumor could be felt in the site of the wound on the anterior part of the arm, which he could not bear to be *touched* without evincing additional torture. He described the sensation of pain as beginning at the extremities of the thumb and all the fingers, except the little one, and extending up the arm to the part wounded. It was of a burning nature, he said, and so violent as to cause a continual perspiration from his face. He had an excoriation on the palm of the hand, from which exuded an ichorous discharge. The cause of this he ascribed to a shell rolling over it. His agonies, he observed, were insufferable, depriving him of sleep, and the enjoyment of his food, for which he had sometimes an appetite. He declared himself incapable of enduring it longer without some relief, and earnestly requested the removal of the arm. Before proceeding to any operation, I recommended him to try the

effects of the warm and vapour baths, anodyne embrocations, &c. but from none of these he experienced any alleviation of his sufferings.

"The symptoms were sufficiently clear, I conceived, to lead to a correct prognosis. The part wounded, the nature of the pain, and its course from the fingers, with the exception of the little one, indicated the affection to be in the radial nerve. The increased pain attendant on the act of pronation further corroborated that supposition, from the pressure of the pronator teres upon the nerve in its passage through that muscle. The man said he had profuse bleeding after receiving the wound, yet the pulsation of the radial artery I found to be as strong as in the other arm. It was difficult to suppose the radial nerve wounded, and the humeral artery to escape: such, however, proved to be the case.

"I proposed to my patient the possibility of saving the limb, and relieving the pain, by cutting down upon the nerve, and removing a part of it, above the wound; which he willingly consented to, but observed, that he would rather have the arm amputated at once, than run the risk of a second operation. In a consultation which I held with my colleagues upon this case, when we considered the chance of failure, together with the injured state of the arm, and contracted elbow joint, we determined on the propriety of amputation. I immediately performed the operation, and with instantaneous relief to my patient. He was discharged cured in three weeks, having, in that time, rapidly recovered both his health and strength.

"On dissecting the arm, I traced the radial nerve through the wounded parts. It seemed to be blended with, and intimately attached to them, for the space of an inch. It had been wounded; and at the place of the injury was thickened to twice its natural diameter, and seemed as if contracted in its length. This contraction, I thought, partly accounted for the bent position of the arm, and the increased pain on attempting its extension; but on further examination, I was surprised to find, on dividing the fibres on the posterior part of the wounded nerve, that there was a small portion of the ball firmly imbedded in it, which had been driven off by grazing the bone. This description of injury more fully accounts for the exquisite pain felt by the patient. The os humeri was discoloured where it was grazed by the ball, and the humeral artery was uninjured! The nerve was evidently thickened, both above and below the wound. Would the division of the nerve, and cutting a piece of it out, have been attended with success?

"Mr. Bell relates a case of injured popliteal nerve, in a sailor, which he was about to operate upon, and which resembled very much the present, except that the injury was occasioned by contusion; in this, by wound."

VIII. *On the Nature and Analysis of Animal Fluids.* By JOHN BOSTOCK, M.D. Liverpool.

We have no hesitation in recommending this paper to those who are interested in such subjects of inquiry.

IX. *Ob-*

IX. *Observations on the comparative Prevalence, Mortality, and Treatment of different Diseases, illustrated by Abstracts of Cases which occurred to the Author at St. Thomas's Hospital, and in his private Practice, embracing a period of Twenty Years.* By Sir GILBERT BLANE, Bart. M.D. F.R.S.

In this book-making age, it is highly commendable in the learned baronet, that he has condensed his information within the limits of 89 pages. Twenty years of extensive practice, public and private, would furnish most men with materials for as many volumes. His merit in observing brevity is the more admirable, because, independently of giving us the result of his own immediate experience, he commences with an historical account "of the most remarkable diseases which have arisen, and have since disappeared, in this country, in the course of time; of those which have arisen and not disappeared; and also of those which have prevailed with various degrees of frequency and fatality at different periods; concluding with an enumeration of those that have been more prevalent in our times than in former ages."

We can assure our readers that this part of the author's labours will afford them both amusement and instruction, but we cannot abridge what is already so much contracted. Sir Gilbert has drawn up a comparative statement of the diseases in the hospital, and those which he attended in private, which we shall insert in his own words.

"By comparing the number of the several diseases in the hospital list with those of the private list, it will be discovered which of them are most prevalent in the different ranks of society. Those which stand most prominent for this prevalence among the lower ranks are intermittent fevers, rheumatism, dropsy, and continued fever. One twentieth of the whole number on the hospital list were intermittent fevers, whereas* only one in one hundred and twenty-two belong to this head in the private list. Rheumatism constitutes one fifth part of the hospital list, but only one twenty-sixth of the private list. One case in nineteen of all the hospital list is a dropsy, but only one in fifty-nine of the private list. The difference here, as well as in the last mentioned, is clearly traceable to the habits of life. It is evidently imputable to the greater propensity of the lower orders to intoxication, particularly from the use of ardent spirits. Neither dropsy of the breast nor of the brain enter into this calculation. Of continued fevers there are about one in eight of the whole number on

* In making this calculation, I have subtracted about five hundred from the total amount of private cases; for consumptions and small-pox are excluded from the hospitals, and a number of the catarrhs, children's complaints, and other cases, are such as would not have found admission as in-patients of the hospital.

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the hospital list, and about one in eleven and a half in the private list. This may be easily accounted for from what has already been said of the usual origin of continued fevers.

"The diseases which stand most prominent for their prevalence among the upper classes of society are gout, disorders of the stomach, and liver complaints. With regard to gout, there is not a single case of it to be found on the hospital list, whereas there are in the private list a hundred and thirty, constituting about a twenty-sixth part of the whole. No disease affords so strong a proof of the power of habits of life over health.

"Disorders of the stomach constitute about a ninth part of the private list, but no more than a thirty-fifth part of the hospital cases. The reason of this is so obvious, and the fact itself so instructive, as to need no comment.

"The proportion of the diseases peculiar to the female sex in the hospital, is the same as in the private cases, from which it would appear, that the unfavourable influence of indolent habits, excessive delicacy and sensibility of mind and body in the upper ranks, compensates for the bad effects of hard labour and various privations in the lower orders, producing that equalization of human happiness and misery observable in other aspects of human life.

"Of liver complaints, about one in forty-three belong to the private list, and one in a hundred and thirty-three to the hospital list. This is partly owing to the greater proportion of the better sort, who come from tropical climates, and partly from jaundice and gall-stones, being complaints of more frequent occurrence in sedentary and indolent than in active and laborious life. It appears from the tables, that there is a considerably greater proportion of apoplexies and palsies among the hospital than among the private cases: this is what we should not at first sight expect, for it is matter of the most ordinary and superficial observation, that a much greater proportion of persons who live at their ease, especially of the male sex, are attacked with hemiplegia, particularly where it proves suddenly fatal, than of the laborious part of the community. One cause of the great proportion of them among the poor may be, that exposure to cold and wet in their necessary occupations is a frequent occasional cause of it among them, as I found by questioning them at their admission. Another cause of this great proportion of them being found in the hospital may be that these cases are so severe, so sudden and helpless, that they are all sent as speedily as possible to an hospital in the manner of accidents; and this is so true, that at St. Thomas's Hospital, an exception is made with regard to such cases, they are allowed to be considered as accidents, and are immediately admitted. Some cases of hemiplegia occur in full habits; some in spare and exhausted habits. The former being most incident to the luxurious and indolent, most frequently occur in private practice, and among the upper ranks of life. The latter occur more among the laborious classes, and among such of the rich as are addicted to exhausting pleasures.*

* See Lecture of Muscular Motion, page 29, read before the Royal Society, 1788, by Sir Gilbert Blane, M.D. F.R.S.

"With regard to the two sexes, there appear to be certain diseases exclusive of those peculiar to each, which are more incident to the one than to the other. The proportion of the total females to the total males in the hospital tables, is not quite two-thirds; allowance being made for this, it will appear by inspection, that there is a considerable majority of males under the heads of intermittent fever, pulmonary complaints, bowel complaints, rheumatism, hemiplegia, other palsies, and dropsy. The only large head of disease in which there is a majority of females is cutaneous diseases. The cause of the great majority of intermittent fevers has been mentioned in the first article of the last volume of these Transactions. The reader will readily trace the causes of most of the other differences to the different constitutions and habits of life of the two sexes. With regard to the private cases, the number of each sex is not specified; but I find upon reviewing my notes, that they may be considered as equal. The diseases of which the great majority belong to the male sex, in the private list, are gout, pneumonia, asthma, rheumatism, palsy, especially that form of it called hemiplegia, the other species of palsy being nearly equal. There is a majority of male cases under dropsy, but much smaller than in the hospital list. I find the number of cutaneous cases equal in the two sexes, in my private notes, and am unable to assign any probable cause for the great proportion of such cases among the females at the hospital."

The author has demonstrated, from certain data, the advantage derived from the interference of art in the cure of diseases, and the whole paper may be regarded as favourable to his talents and industry. Tables are inserted containing the names of the diseases, and the final result, both in St. Thomas's Hospital and in the author's private practice, with illustrative observations.

In a supplement, Sir Gilbert Blane examines the question suggested by Dr. Watts's observations on the increased mortality of measles being influenced by vaccination. Although compelled to admit that of late years measles have proved more fatal than in former periods, we have pleasure in stating that, at least in London, the result of the present inquiry does not favour the opinion that vaccination is the cause of such an event; and, in a note, the author informs us that Dr. Stanger has ascertained, by an examination of the records of the Foundling Hospital, that out of a hundred and thirty-one patients who had undergone vaccination, and had afterwards had the measles, two only had died. It appears from the same records, that out of a hundred and thirty-one cases of measles in children who had previously had small-pox, eleven proved fatal.

X. *On*

X. *On the Effects of evacuating the Aqueous Humour in Inflammation of the Eyes, and in some Diseases of the Cornea.* By JAMES WARDROP, F.R.S. Ed.

This essay is important; the author suggests an improvement in the treatment of certain cases of ophthalmia, and affections of the cornea, of the highest moment, which in his hands has proved eminently successful. The memoir commences with the author's reasons for attempting the operation, and his explanation of the relief immediately afforded by it: he does not, however, insist that the discharge of the aqueous humour should be entirely relied upon in any case of ophthalmia, but regards it merely as a powerful auxiliary in some cases, in others as a sure and perhaps the only means of preventing the total destruction of the organ. He observes,

"When the object is to diminish suddenly the contents of the eye-ball, the evacuation of the aqueous humour must fulfil this intention in a more complete manner than we can conceive probable to be effected by any means we have of abstracting blood from its vessels; for, as the ophthalmic artery comes from the encephalon, little blood can be taken directly from any of its branches; and it would require a great quantity of blood to be drawn from the temples, or neighbouring arteries, to make any remarkable change in the quantity of the contents of the eye-ball; or at least a change equal to that which would be produced by the discharge of the aqueous humour. From the advantages also which have been universally found to arise from a sudden depletion of blood, in comparison with what can be derived from a slow detraction, considerable benefit might be expected from the practice now proposed; for as its effects must be immediate, a sudden change will be produced in the state of the organ, and a change favourable to the abatement of the inflammatory symptoms."

The mode of discharging the aqueous humour is thus described by Mr. Wardrop:

"The aqueous humour may be discharged by a very simple operation, nothing more being necessary than to make an opening through the cornea of a sufficient size to allow that fluid to escape, and in such a situation that any subsequent cicatrix may not impair vision.

"The opening may be made with any of the knives commonly used for extracting the cataract. It is sufficient that the point of the knife be introduced so that it makes a puncture into the anterior chamber; and this should be done near the junction of the cornea and sclerotic coat, at any part of the circumference. When the knife has penetrated the anterior chamber, it may then be withdrawn a little, and the blade turned on its axis, so that the aqueous humour will readily escape; and it is better not to remove the instrument altogether, till the fluid is observed to be discharged; for if the incision

cision be not sufficiently large, and the knife taken away before the aqueous humour flows out, the elasticity of the cornea closes the wound, and either hinders the evacuation from being so sudden, and consequently so efficacious, or the closure of the wound entirely prevents its escape. The operation, therefore, which is necessary to discharge the aqueous humour, is merely the first step of the section of the cornea, made in extracting the cataract, or what has been called *the punctuation of the cornea.*

"The chief difficulty in performing the operation arises from the pain occasioned by the necessary pressure on the eye-ball, whilst keeping open the eye-lids; but until a sufficient portion of the cornea is brought into view, and the movements of the eye-ball completely under the management of the operator, the introduction of the knife should not be attempted.

"The upper eye-lid should be kept open either by the fingers of an assistant, or by Pellier's speculum. If the latter be employed, it will be found useful to have the silver wire covered with a piece of crape, which will prevent it slipping from any moisture of the skin, an accident very common, and very troublesome. The operator with the fore and middle fingers of one hand presses down the under eye-lid, and applies their points over the tarsi, in such a manner that they touch the eye-ball, and can apply any degree of pressure upon it which may be necessary. After the assistant raises the upper eye-lid, the patient should be directed to look downwards; and the assistant then employs a sufficient pressure, to keep the eye in that position.

"The operator may then make the puncture; but as the patient is very apt to start when he first finds the instrument coming in contact with his eye, I have found it useful merely to touch the cornea repeatedly with the back of the knife till all risk of starting is over; and as soon as the back of the extremity of the instrument rests on the part where the puncture is to be made, the knife can be raised very steadily on its point, and then the point thrust into the anterior chamber.

"Though I have described the method by which the puncture of the cornea may be made with a common extracting knife, yet it is evident that the aqueous humour may be discharged equally well by other instruments, such as a couching-needle; and of late I have been in the habit of generally employing the instrument of Mr. Cheselden. The more we are in the habit of using any particular instrument, the more dexterity and ease do we acquire in its use."

The operation has proved especially serviceable in cases of puriform ophthalmia, in severe cases of which the eye-ball sometimes spontaneously bursts, to the great and instant relief of the patient. Wherever this tendency is observed, the aqueous humor may be discharged with a certain expectation of success. Mr. Ware recommended the practice to the author, and Mr. Macgregor, surgeon of the York Asylum, has frequently practised it with great advantage. Out of

23 cases in which he operated, 21 were immediately relieved, and afterwards recovered their sight by the usual means.

Mr. Wardrop considers that the operation may be performed in any state and at any period of the disease, provided the accompanying symptoms are severe, and in children as well as adults; in short, in all cases where rupture of the cornea threatens.

He has enumerated several affections of the eye in which the operation may be performed, and illustrated them with cases, from which we would willingly give extracts, did not other papers in this volume claim our attention; and we hope also that Mr. Wardrop will shortly enable us to do his ingenuity more justice, when he publishes his treatise on diseases of the eye, in which we presume he will considerably enlarge upon the subject of his present memoir.

XI. *Case of Disease in the Brain, produced by external Violence.* By A. C. HUTCHINSON, M.D. Surgeon to the Royal Naval Hospital at Deal.

"Thomas Turnfield, a serjeant of marines, aged 36, was admitted into this hospital from his majesty's ship Dictator, on the 14th of April 1810, labouring under occasional attacks of stupor, as stated in his case transmitted by the surgeon of the ship. He was about five feet nine inches in height, muscular, of a sanguineous temperament, and without any marks of a scrophulous habit.

"Six years previous to this period, he was wounded on the left parietal bone by a cutlass, in boarding an enemy's vessel. The wound, by report, healed readily without any exfoliation, leaving a cicatrix two inches in length, parallel to, and a little to the left of, the sagittal suture.

"From the period of the infliction of the wound he had complained of a constant head-ach, which at the commencement was more or less acute, but in time became gradually obtuse.

"During the last seven or eight months he had been subject to fits of stupor, which came upon him at very irregular intervals; sometimes once or twice a week, at other times only once a fortnight, until about the beginning of March 1810, when the paroxysms became much more frequent, seldom lasting longer than an hour or hour and half, and he had always sufficient warning of their approach to lay himself down. During the intermissions he was perfectly sensible. His pulse, pupils, and countenance were natural. His appetite was good, and the kidneys continued to perform their functions naturally. His bowels, for the last two or three months, had been so torpid, as to require the powers of the strongest cathartics to move them.

"On the 15th April (the day after his admission), while I was in conversation with the patient, who was dressed, and had been walking about in the ward, he suddenly became silent, stepped a little aside,

aside, and quietly laid himself down upon his bed. In less than three minutes his pupils were dilated to the utmost, and the iris of both eyes insensible to the stimulus of light. His pulse was slow and intermitting, not exceeding 52 strokes in the minute; his breathing laborious; and in half an hour he was foaming at the mouth.

"This paroxysm lasted a full hour and half; but in less than another hour he was walking about as before, free from every complaint, except slight languor, and his usual degree of head-ach.

"The patient died in one of those paroxysms, on the 19th of April, being the fifth day after his admission, and the fourth attack he had experienced while in the hospital.

"On the day of his admission, he had a brisk cathartic given him, and eighteen ounces of blood were extracted from the jugular veins, both which were opened. On the following day a seton was cut in the nape of the neck; his head was shaved, and directed to be frequently rubbed with a hard dry towel; and he was prescribed five grains of the Pilula Hydrargyri thrice a day.

"*Appearances on Dissection twelve hours after Death.*—The scalp had its natural appearance, and the cicatrix of the cutlass wound did not seem to adhere to the subjacent bone; but moved over it with the other parts, though in a somewhat less degree.

"On removing the scull-cap, the adhesions between the dura mater and bone were found stronger than usual; and the inner table of the scull, immediately under the cutlass wound, was free from any mark of disease.

"Upon detaching the dura mater from the brain, a portion of completely formed bone was found deposited upon its inner side, of the size of a finger nail, and tolerably thick. It was attached to the left side of the longitudinal sinus, and corresponded nearly with the direction of the wound on the scalp. The veins traversing the left hemisphere were rather more distended with blood than on the right; otherwise the surface of the brain possessed its natural appearance.

"On cutting into the substance of the brain, I found a tumour of a scrophulous nature, larger than a hen's egg, occupying a considerable portion of the middle lobe of the left hemisphere, and extending in depth to nearly on a line with the corpus callosum. The tumor was not detached from the adjoining cerebrum, but seemed merely as a condensed, or more properly indurated portion of brain. There was no appearance of pus, and the ventricles contained about an ounce of serum.

The plexus choroides and optic nerves were natural, the former containing very little blood. The other parts of the brain and cerebellum were free from any mark of disease.

"The thorax and abdomen, I lament to say, were not examined.

"That the morbid appearances just described originated in the wound on the scalp, we have, I think, considerable reason to believe—first, from their situation being immediately under the wounded part; and secondly, from the constant head-achs with which the patient was afflicted, having commenced at the period when the wound was received.

"Osseous deposits on the dura mater are not unfrequent; but it is worthy of remark, that this is the second instance I have met with, in which a deposition of bony matter on the side of one of the great sinuses has been accompanied by a tumour of the brain contiguous to it.*

"With regard to the mode of treatment to be pursued in such cases of organic affections of the brain as that now described, I confess myself not very competent to give an opinion. A course of mercury, at an early period of the complaint, as recommended by Sir Gilbert Blane, appears to me, for the reasons stated by that experienced physician, to be likely to be serviceable.†

"I cannot, however, here omit to urge the necessity of copious blood-letting, in the first instance, in all affections of the brain arising from external injury, concussion‡ not excepted; and in such cases I do not know of any mode so good as that of puncturing the temporal artery. When it is found necessary to cut through the scalp, with the view to examine into the state of the bone underneath, I would also permit such vessels as may have been divided in the operation to bleed freely."

The author corroborates the propriety of this practice, in which we fully concur with him, by a case of fractured cranium, attended with considerable depression. The fracture was four inches in length, on the parietal bone, running from before backwards; and a depression of the inferior, or squamous part, about its middle, the whole thickness of the bone; but which gradually rose to its proper level as it approached the extremity of the fracture.

"Two small spiculæ of bone exfoliated, and in little more than a month the wound was cicatrised; but the violent attacks of head-ach and giddiness with which the patient was affected during the greater part of this period, called for so frequent a recourse to the lancet, that

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* See the case of the gunner of the Fly, mentioned at p. 112 in the second volume of the Transactions of this Society.

† See a history of some cases of disease of the brain, with an account of the appearances upon examination after death, &c. by Sir Gilbert Blane, M.D. F.R.S. in the second volume of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge. See also a valuable paper in the first volume of the Transactions of this Society, by Dr. Yelloly.

‡ In the extensive practice of some years at this public institution, I do not recollect a single instance in which I had reason to lament the practical conclusion. It is necessary to remark, however, that as all the cases admitted into the hospital come from ships of war lying in the Downs, some few hours generally elapse before the patient can be conveyed on shore, and thus an opportunity is afforded, during the interval, for vascular re-action to succeed the sedative effects of concussion.

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on adding up, from his prescription ticket, the whole quantity of blood withdrawn at these different periods, within the first three weeks, I found it amount to nearly two hundred ounces, without taking into the calculation the quantity procured by the repeated application of leeches to the temples. He had also several blisters applied to the head; and latterly a seton was cut in the nape of the neck.

"In order to promote the absorption of the asperities of the depressed bone, which was beaten down upon the brain, and to round it's edge, that the compression might be as slight as possible, the patient was put on a gentle course of mercury, which was continued nearly three months, during the greater part of which time his mouth was slightly affected; and on the 28th January 1813 he was discharged to his duty, free from every affection of the brain or other complaint."

In an appendix to the preceding paper, Dr. Hutchinson has related the particulars of a very curious case, which we here transcribe:

"Thomas Dawson, seaman, ætatis 28, of low stature, and of a full and healthy habit, while assisting to get up the top-gallant masts, on the 11th of March, 1813, the leading block gave way, and, his feet being entangled in the rope, he was tripped up, and his forehead struck with considerable violence on the deck. The part was contused and slightly discoloured, but the skin was scarcely abraded; he was a little stunned by the blow, but spoke sensibly soon after.

"On examination, no fracture nor fissure could be discovered; his pulse was regular, and his eyes natural; he had no nausea, but bled freely from the nose, and complained of a severe pain over the fore part of the head. He was prescribed a cathartic, and compresses wetted with Saturnine lotion were kept constantly applied to the contused part.

"In the afternoon he had slight nausea with vomiting; the head-ach was the same; and as the cathartic had not operated, it was directed to be repeated.

"*Second day.*—The symptoms continued nearly the same; the bowels not being sufficiently opened, the purgative was repeated. Towards evening, febrile symptoms began to show themselves; the pulse was increased in fullness and frequency; the skin was hot, face flushed, and eyes irritable. He had some stupor, with a disposition to sleep; the bowels were open. He was bled to twenty ounces, which entirely removed the febrile heat, and, in some degree, relieved the head-ach. Ever since the accident he had been unable to walk straight, and seemed to totter, not unlike a man intoxicated, the few times he tried that exercise.

"*Third day.*—He said the pain was chiefly confined to the posterior part of the head; the bowels were open; there was no febrile affection; and his eyes were less irritable. A blister was applied to the nape of the neck, the pediluvium used, and he took camphorated saline draughts every four hours.

"*Fourth day.*—There was no change, except that he rested rather better

better throughout the last night than he had done since the accident; the camphorated saline draughts were directed to be continued.

"*Fifth day.*—He had considerable febrile heat, with much irritability and restlessness, and some thirst; his face was flushed; pulse frequent and rather hard; respiration hurried, and tongue white. He passed his urine unconsciously last night and this morning; pain now, he says, chiefly confined to the fore part of the head. He was bled again to 24 ounces, and, during this operation, the pulse kept its fulness. Immediately after the bleeding, he said his head was much relieved; the febrile heat, flushed face, and hurried respiration were certainly diminished, and he seemed more tranquil. The blood exhibited a dense buffy coat. Within a very few hours afterwards every symptom increased,—his pulse became small and frequent,—his pupils dilated,—low muttering delirium and restlessness succeeded, and at half-past twelve o'clock, on the sixth day (the 16th of March), he expired without the least convulsive struggle.

"It appears, by the concurring reports of his messmates, that he was always a healthy man, of a lively disposition, and not so much addicted to drunkenness as sailors generally are. It was stated that in the early part of his life he was in the capacity of a groom, when it appears he had been thrown from a horse, and had fallen upon his head with some degree of violence; but that during two years' service in the Christian he had never made any complaint. The immediate consequences of that accident could not be ascertained.

"*Dissection.*—On the 17th March the body was received at the hospital for interment, when I embraced the opportunity of examining the state and appearances of the brain.

"Upon inverting the scalp over the eyes and occiput, a slight degree of extravasation of blood was discovered a little above the superciliary ridge, where the blow had been received, but the bone was uninjured. The upper part of the skull being forced off, and the dura mater exposed to view, its vessels were found unusually distended. Between the os occipitis and posterior lobe of the right hemisphere, resting on the dura mater, about half an ounce of coagulated blood was found, which, by its remoteness from the injured part, was owing perhaps to the rupture of a small vessel, preternaturally distended with blood, a short period previous to dissolution. On removing the dura mater, the vessels of the pia mater were also unusually turgid.

"The right hemisphere, being divided on a level with the corpus callosum, and the ventricle exposed by another incision, six drachms of a colourless fluid escaped; and on examining this cavity, a portion of a small encysted tumour was found projecting into it at its anterior corner. The tumour was embedded in the corpus callosum, and a considerable part of it rested on the anterior crus of the fornix. It was of the size of a garden bean, felt smooth externally, and when pressed between the finger and thumb, communicated the sensation of its being filled with a cartilaginous substance.

"Its connexions were traced to the falx cerebri, and internal carotid artery, by the side of the sella turcica; and some very minute filaments

filaments of vessels were also traced in the direction of the ophthalmic artery, where it enters the foramen. There was neither the appearance of pus nor inflammation in the vicinity of the tumour, and the surrounding brain exhibited no mark whatever of morbid affection.

"The left ventricle contained nearly two drachms of a colourless fluid, similar to that found in the right; but every other part of the brain and cerebellum appeared to be wholly free from disease.

"When the tumour was removed, and suspended by its numerous vessels, all of which entered together at one point, it exactly resembled a garden bean that had been planted a sufficient time for the radicle to have attained length to suspend it by,—the vessels entering where the radicle shoots.

"The cyst was opake and very strong, and contained a smaller cyst, the size of a barleycorn, imbedded in a semi-medullary and adipose substance, studded with minute portions of bony matter. The small cyst was filled with a piece of bone of an irregular round shape, composed of layers, which the preparation clearly demonstrates from a portion of the outer layer having been broken off by the instrument in laying open the cyst.

"That the tumour had existed a considerable period antecedent to the accident which was the immediate cause of the man's death, there is little doubt; and that the preternatural appearances observed on dissection, independently of the tumour, were sufficient to account for his dissolution, appears to me equally certain.

"This case, therefore, seems to evince, in addition to the evidence already existing upon this subject, that a morbid structure of the brain may exist for a long time without much inconvenience to the patient, or the slightest interruption to the various animal functions; and, with other cases on record,* is, in my estimation, sufficient to authorise the conclusion, that a variety of chronic, and other affections of the head, are referable to blows or falls received in early life; when, probably, the accident that originally occasioned them had wholly escaped recollection. If I mistake not, a similar observation was made by a gentleman present at the reading of my former paper on this subject to the Society.

"How long Dawson might have lived with the tumour on his brain, had the accident of which he died not occurred, is matter of mere speculation."

(To be continued.)

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

AT a general meeting of Apothecaries, &c. held at the Crown and Anchor Tavern, Strand, on Thursday, May 12th, 1814, Mr. BURROWS in the Chair, the following Report was brought up

* "See Dr. Lettsom's case in the 3d vol. of the Memoirs of the Med. Soc. of London, before quoted; Sir Gilbert Blane's, in the 2d vol. of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge; and Serjeant Turnfield's case."

from the General Committee, which it was moved and seconded should be now read.

Fourth Report of the General Committee of Associated Apothecaries of England and Wales.

The General Committee of associated Apothecaries of England and Wales, agreeably to the letter and spirit of the instructions of the General Meeting, held at this house November 20th, 1812, have, from time to time, published their proceedings in the form of Reports.

The second of these, dated September 4th, 1813, takes a full review of the causes which led to the withdrawing of the former bill; the principles which would guide the Committee in forming a new one; and the means best calculated to insure its success. To this is annexed a copious appendix, containing the correspondence of the Committee with the corporate medical bodies, and copies of the memorials addressed to induce them to assist with their council in arranging a new bill. This Report concluded with the Resolutions of the 4th of September, 1813.*

As the matter of the third Report, dated February 22d ultimo, containing the Report of the College of Physicians, is highly important, strictly relevant to the business of this day, and expedient to be fully remembered, the Committee beg to invite the particular attention of the meeting to its contents.† The Committee, during their deliberations and arduous exertions of eighteen months, have never for one moment swerved from the pursuit of the great object for which they conceived themselves appointed—the procuring of a legislative enactment that would, by its gradual operation, secure for the service of the public properly educated practitioners, and for their branch of the profession that respectability and consideration to which its usefulness to society is so justly entitled. Actuated by this wish only, the Committee passed the Resolution of November the 19th, 1813; that "they determined *not* to apply for the formation of a fourth medical body, for the purpose of examinations, if the powers of the present chartered bodies can be so extended as to accomplish the objects which the resolutions of the 4th of September, 1813, embrace."

Consequently, when the Report of the College of Physicians was received, they transmitted it to the Society of Apothecaries; at the same time inviting them to a conference; and a deputation, consisting of the Chairman, Mr. FIELD, Mr. THOMSON, Mr. UPTON, and Mr. PARKINSON, were nominated for that purpose. On the part of the deputation certain questions were asked; to some of which, as the Committee of the Society were not previously acquainted with their import, they declined giving definitive answers; and it was therefore agreed they should be subsequently reduced to writing, and sent to the Hall. On the part of the Society, it was stated, that they, in conformity with the Report of the College of

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* The second Report, and these Resolutions, were inserted in the Medical Journals of October last. They were also printed and published separately, and copies were sent to all the district Committees.

† See the London Medical Journals for March last.

Physicians,

Physicians, would bring in a bill, at their own expence; and that it should be drawn up on the basis of the Resolutions of the Committee of Associated Apothecaries, of September the 4th, *as far as regarded the practice of the Apothecary;* and that they could see no objection to all persons, applying for certificates to practise, being examined in the science and practice of medicine, pharmacy, chemistry, materia medica, and medical botany.

No formal answer was returned to the questions which were sent; but the Chairman received a private and satisfactory assurance, that the Society were rapidly proceeding to complete the draft of a bill; a copy of which should be sent to him as soon as it was prepared.

When the Committee found that the subject was seriously undertaken by two of the medical bodies, whom they had importuned to unite in an application to Parliament, they suspended their proceedings for introducing a bill, till they learnt the result of the labours of the Society; and that the measure might be rendered as efficient as possible, the party occupied with its details were furnished with all the information in possession of the Committee.

On the 21st of last month, the draft of the bill being received from the Society of Apothecaries, it was maturely discussed in the Committee, and several material alterations and amendments were suggested; which the Committee feel it an act of justice to the College of Physicians, and to the Society of Apothecaries, to acknowledge, were immediately adopted, and are now embodied in the bill.

As the representatives of the great body of general practitioners, and who, from a most extensive correspondence and communication, may presume that they are well informed, both with the nature of the evils that influence the prosperity of our profession, and with the remedies that will probably correct them; as men who have long reflected on, and duly weighed all the difficulties of our situation, and the means most likely to obviate them; the Committee do agree and determine, that the bill now offered to your consideration, though not containing every thing that might be desired, is, upon the whole, ONE that will place the Apothecary in his proper rank in society, and eventually produce advantages more commensurate with the value of his services.

Impressed with this conviction, the Committee take leave to recommend "The BILL for enlarging the CHARTER of the SOCIETY of APOTHECARIES, &c. and for better regulating the PRACTICE of APOTHECARIES throughout ENGLAND and WALES," to the approbation of this meeting, and of the profession.

May 11th, 1814. G. M. BURROWS, Chairman.

The following Resolutions were passed:—

"Resolved, That this meeting do agree with the Committee in approving the basis and spirit of the bill now submitted to it, and which is about to be introduced to Parliament by the Society of Apothecaries, with the approbation of the College of Physicians; and do recommend to the Committee to watch the progress of it in Parliament, and to take such measures from time to time as they may think best adapted to promote the interests of the profession, and the welfare of the public."

"Resolved, That the best thanks of this meeting be presented to the Right Hon. GEORGE ROSE, for his great attention to the interests of the general practitioner in medicine; and that he be requested to continue his kind services in Parliament for the passing of legislative measures tending to the improvement of the different branches of the medical profession, and to the welfare of the public."

"Resolved, That the thanks of this meeting be given to the Chairman, for his attention to the business of the meeting, and for his impartial conduct in the chair."

(Signed) G. M. BURROWS, Chairman.
May 12th, 1814. W. T. WARD, Secretary.

[One of the clauses introduced by the learned College of Physicians in this bill, makes it imperative on the apothecary to prepare any and every prescription of the regularly-licensed physician.]

A strongly marked case of Elephantiasis of Aretæus, as described by Dr. ADAMS, is now in St. Bartholomew's Hospital, under the care of Sir James Earle. The subject is approaching the age of puberty, but the progress towards the changes which occur at that period has ceased altogether, and the testicles are scarcely perceptible. Though under the age of fifteen, his countenance exhibits the appearance of old age, from the deep rugæ which are so peculiarly characteristic of this disease.

A memoir on the use of Charcoal has been read to the Medico-Chirurgical Society, in which it is said to possess the properties of Cinchona in the cure of intermittents and some other complaints. We shall be happy to hear from our correspondents a confirmation of the fact: but we are sorry to add, that in a case of ague, in which it was tried by Dr. Marcet at Guy's Hospital, it was not attended with success, and the disease afterwards readily gave way to bark. We mention this on the authority of some members present at the meeting.

Hydrophobia.—The following melancholy case of this dreadful malady lately occurred in Newcastle:—James Sharp, glassman, son of Alex. Sharp, of Queen-street, complained of being unwell, on Wednesday, Dec. 8, in the morning, after returning from his work at the Northumberland glass-house; he said he had been vomiting throughout the previous night while at work. On Thursday he was much worse, when an emetic was procured for him; but he could not bear the sight of it when put into a liquid. On Friday, a medical man examined the youth, and trying the effect the sight of water produced on him, gave it as his opinion that it was a case of hydrophobia. Inquiry was then made whether he had ever been bitten by a dog, but the parents were ignorant of such a circumstance; the young man was then asked, when he said a puppy of his had bit his thumb three weeks ago last Sunday, and that the dog died soon after. A powder was now given him, which he swallowed with closed eyes and the greatest agitation, not being able to bear the sight of the water in which it was mixed. The case arrested the attention of several of the faculty; in the afternoon of Friday he was bled in both arms, and in the temple. From that time he continued excessively ill, till about half past three o'clock on Saturday morning, having only about

about ten minutes respite between each paroxysm. A few minutes before expiring, he expressed a wish for a drink of *warm* water—about two teacupsful were given him, when he appeared something easier. Shortly after, he had a desire to make water; he was taken up for that purpose, but no sooner did his feet touch the ground, than he threw himself back in his father's and uncle's arms, and expired without a groan.

The scarcity of Leeches is such, that where topical bleeding is necessary, the patient suffers in consequence, which induces a correspondent to suggest, that the operation might undoubtedly be performed by means of a powerful syringe, which is the principle the leech acts upon, and a very acute perforator, and what the leech has, a protruding lip, which keeps the external air from the puncture: but any one that would wish to make the experiment, should study the anatomy of the leech.

Dr. ADAMS's pamphlet on Hereditary Diseases is published, with his Remarks on Dr. BATEMAN's Synopsis.

Some important observations have been presented to the French Institution on the anatomy of Insects, particularly respecting the use of the great vessel which almost all the class have along the back, and which is subject to motions of dilatation and contraction similar to those of the heart and the arteries. Malphigi and Swammerdam gave it the name of heart: but it appears, from the observations of Lyonnet and many others, that no branches issue from it; and Cuvier seems to have proved, by many experiments, that insects have no sort of circulation. M. Marcel de Serres has examined this subject anew, and satisfied himself, by innumerable experiments made on the largest insects of the South of France, and aided by the most delicate anatomical instruments, that the dorsal vessel has no ramification whatever; that there is not in the body any other contractile vessel, nor in general any system of blood-vessels.

If the dorsal vessel be taken away from the insects which possess it, they will still live many hours; while the scorpion and the spider, who have really a heart, perish immediately when that is destroyed. The contractions of the dorsal vessel are principally owing to the muscles of the back, which are placed along its sides: but the trachea and the nerves have a sensible effect upon it. The fluid which it contains appeared generally to be of a colour analogous to that greasy matter with which some other parts of the bodies of insects are always filled; and possesses little liquidity, particularly among the voracious larvæ. The diameter of the vessel has been found nearly cylindrical in those larva where the greasy matter has been most equally distributed; and the inequalities of its different parts were proportioned to those of the corresponding parts of the grease of the body. The nerves and the trachea abound more in the dorsal vessels of the larvæ than in those of perfect insects; and contractions in the former are stronger but less frequent. From these and some other facts, the author considers himself justified in concluding, that the function of the dorsal vessel is to produce the greasy matter; and, in order to perform this function, it absorbs a part of the nutritive liquor, which

is diffused in the cavity of the body through the partitions of the intestine; and which causes it afterwards to transude through the meshes of the cellular tissue, where the grease receives its definitive elaboration.

M. Jourdan, Surgeon of the Imperial Guard, in conjunction with M. Alyon, has published, in Paris, a Translation of Professor Hecker's work on Gonorrhœa, with a preface and notes, which display considerable research.

In the historical part, it is proved on the authority of sacred history, the classic authors, and the early medical writers, that excretions of fluid from the urethra, mucous and puriform, had been noticed; but, that no distinct account of a disease known by the name of Gonorrhœa, is to be found, until after the appearance of the venereal disease in Europe.

The author enumerates fifteen species of Gonorrhœa, which may be ranged under four general heads.

1. Gonorrhœa, commonly so called, (Blennorhagia urethralis of Swediaur,) excited by the stimulus of a specific contagion.

2. A flow of puriform mucus from local irritation of the urethra, not contagious.

3. An occasional sympathetic action of the mucous glands of the urethra in scrofulous, gouty, and other subjects.

4. An increased secretion of mucus, or an escape of the seminal fluid, caused by an atonic state of the parts.

A very weak solution of caustic alkali, one grain to each ounce of water, which may be further diluted, is recommended as the best preventive of Gonorrhœa; or lime-water, with half a grain of oxymuriate of mercury to each ounce. One of these lotions is to be used immediately after coition, and employed frequently for several days.

The general management of the complaint consists in checking the inflammation at its commencement; but instead of injections, the use of sedative soluble bougies is recommended. These are prepared by combining the substances intended to be employed with a gum of easy solution in the mucus of the urethra. The basis of the bougie is a cotton, or worsted thread, about the length of a finger, upon which the composition is spread so as to form a soft and uniform covering.

"Dissolve four grains of caustic potass (kali purum) in two ounces of distilled water, and add a sufficient quantity of gum arabic (powdered) to make the solution viscid. Dip the pieces of cotton into the composition, and suspend them separately by pins, taking care that they retain a proper form; then dip them again when dry, and continue this process until they are of a convenient size to pass into the urethra."

Bougies may also be made by dissolving four grains of oxymuriate of mercury in two ounces of distilled water, adding a sufficient quantity of gum arabic to give them a proper consistence. A drachm of the aqueous extract of opium may be added to the solution of potass, or to the solution of mercury.

Bougies can also be made by the addition of opium to the plain mucilage; and these are found to be particularly useful where the urethra is much inflamed, or in a state of high irritation. Alum, acetate

acetate of lead, and other astringent substances, can be equally blended and formed into bougies, and thus become beneficial in an atonic or weak state of the urethra. Extract of hyosciamus, or of belladona, either alone, or combined with the oxymuriate of mercury, deserve attention, in cases of severe pain, spasm, and obstinate inflammation of the canal.

Dr. Hecker considers that a double object is to be fulfilled by these bougies: the first, to allay acute pain; the second, to excite in the urethra, inflamed by a morbific contagious principle, an irritation which shall overcome its action, and remove the inflammation dependent on local debility. Following this theory, he recommends the bougies to be employed only before the inflammation is fully formed, or whilst it is moderate. They are to be moistened with saliva, or milk, gently passed beyond the seat of the disease, which is considered to be chiefly about the *fossa navicularis*, and permitted to remain in the urethra half an hour, or longer, until the coating is totally dissolved, when the thread is to be withdrawn, and another introduced, either immediately or after a short interval *(au bout de quelque temps)*. If the pain excited be slight and supportable, the instrument is to be retained, as this sensation soon subsides; but, if severe, it is to be withdrawn, being considered a proof that the bougie is either too large, or its ingredients are too stimulant. The patient should remain on the bed or sofa during the time of using these instruments: if at night they are to be secured by a tape in the same manner as common bougies.

During the first period of Gonorrhœa, and before the inflammation is considerable, bougies made of potass and opium are said to be the most proper. If they be employed early with the requisite precautions, and a suitable regimen be strictly observed, the gonorrhœal inflammation does not proceed in its usual course, and the disease is cured in two or three days.

The Society of Pharmacy, at Paris, has proposed the following Prize Questions on the nature of those preparations termed *Pharmaceutic Extracts;* and, particularly, of the immediate principle in Plants, known by the name of *Extractive Matter*—a principle, the existence of which is as yet only considered as problematical, viz.

1. Does there exist in plants a substance, *sui generis*, different from the immediate principles already known, and which may be termed *extractive?*

2. If this extractive matter does exist, what means have we to isolate it, and what are its characteristic properties?

3. To what substances is it most frequently united in the pharmaceutic extracts? In case the principle termed *extractive* should not exist in plants, it is also desirable that the substances should be stated, the amalgamation of which constitutes the principal extracts.

4. If the extractive matter does exist, what are its relations and differences with respect to the principles forming the colouring matter?

5. What are its operations in chemistry, both with respect to the œconomical and chemical arts in which plants are used?

The answers, signed with a motto only, are directed to be sent, post paid, before the 15th January, 1815, to the General Secretary of

of the Society, with a sealed note containing the author's real name and address, and marked with the same motto as the answers to the questions; which note will not be opened unless the answer is found to be entitled to a premium, for which a bequest of 600 francs has been left by the late M. Parmentier, member of the French Institute.

M. Montain, physician of the Hotel Dieu, at Lyons, has successfully employed the muriate of ammonia in the treatment of hospital gangrene. Nearly five hundred soldiers, with gun-shot wounds, having been admitted into the hospital, upwards of sixty were affected with this disease. Notwithstanding the use of the usual means, the infection had spread rapidly until this medicine was used. The wound, and more especially the livid parts were first sprinkled with it, and afterwards moistened with camphorated spirits; over this a pledget of lint, with sulphur ointment, or powdered charcoal, was applied, and the whole covered with compresses steeped in camphorated spirits. Various instances of the success of this practice are adverted to.—*Gazette de Santé.*

In the same Gazette is related, by M. Godeman, the case of a young woman in good health, from whom grew *two horns*, which possessed the usual firmness, and were curved from without inwards. The first was situated on the middle of the radius of the right arm, three inches in length, and nearly the same in circumference; the other lower, and not quite so large. They are said to be different from the horny tubercles described by Heliodore Bonn, and in the Philosophical Transactions. The editor adds, that analogous examples are to be met with in Alibert's treatise on diseases of the skin: some are to be found in the Dictionaire des Sciences Medicales, under the title *Cas. Rares.* Conrad Peyer, in a work intitled Merycologia, also relates many instances.

Remedy for Croup.—The French government having lately offered a large premium for the best essay (memoir) on the nature and successful treatment of the croup; a special committee of Messrs. Desarts, Portal, Hallé, Pinel, Thouret, Corvisart, Chaussier, Leroux, Duchan, Royer-Collard, and Balleroy, was appointed to examine the papers transmitted. Eighty-three were received, two of which were so highly approved, and considered to possess such equal merit for correctness of pathology and method of cure, that the premium was divided between M. Jurine, Professor of Anatomy and Surgeon, at Geneva, and Dr. John Abraham Albert, of Bremen, Doctor of Medicine and Surgery, and Member of the Imperial and Royal Josephine Academy of Vienna, &c.

The particular doctrines of their important papers are not related, but mention is made of another paper deserving notice, on account of a novel remedy as a specific for this disease, and also for *Pertussis.* The Sulphuret of Potass, commonly called *Hepar Sulphuris,* six grains to be given night and morning, in a little honey or syrup. To be taken as soon as mixed, either by a spoon, or when given to infants, by dipping the finger into it, and permitting them to suck off the medicine. Each dose to be sent in a separate phial, well corked.

The quantity may be increased to ten grains, and gradually diminished with the removal of the complaint. The physicians and surgeons on the committee, however, did not offer any opinion upon this specific so called, but requested to receive further information on its influence both in the croup and catarrhal affection of the fauces; and practitioners in different parts of the country were requested to communicate the result of their observations.

Analysis of the Broad-leaved Tobacco, (Nicotiana Latifolia,) and of the Deadly Night-shade, (Atropa Belladonna,) by M. VAUQUELIN.—Tobacco contains an animal matter of the nature of albumen, malate of lime, with an excess of acid, acetic acid, nitrate and muriate of potass, a red matter of an unknown nature, muriate of ammonia, and an acid volatile principle different from every other belonging to the vegetable kingdom. This principle gives the tobacco its peculiar characteristic properties, and may be separated from the plant by distillation, and employed for the purposes of tobacco in that state. Prepared tobacco contains more carbonate of ammonia and muriate of lime than the unprepared plant.

As the narcotic properties of the belladonna resemble those of tobacco, Vauquelin supposed it might contain the same acrid principle; but its analysis discovered only an animal matter, some salts with a basis of potass, and a bitter substance on which the narcotic quality of the belladonna depends. In order to ascertain the effects of this substance on the animal economy, Vauquelin gave portions of it to various animals, all of which became intoxicated and delirious, exactly in the same manner as if they had swallowed opium.

M. CHEVREUL has examined the bitter principle produced by the action of nitric acid upon organized vegetable substances which contain azote; a subject of investigation which has already engaged the attention of Hausmann, Welther, Proust, Fourcroy, and Vauquelin.

M. Chevreul conceives that this bitter is a compound of nitric acid and an oily or resinous vegetable substance; and he attributes the property which it possesses of detonating to the decomposition of the nitric acid, the formation of ammoniacal gas, prussic acid, and an oily hydrogen gas, &c. &c. an opinion which is partly confirmed by the observations of Fourcroy and Vauquelin. But at the same time that the bitter is formed, a resinous substance and a volatile acid are also produced, upon which M. Chevreul has made many experiments; and which he regards as differing from the bitter ingredient only in containing a smaller proportion of nitric acid.

M. Chevreul has also investigated the nature of the substances formed by the action of nitric acid on carbonaceous or resinous matters, which have the property of precipitating gelatin. The first observations on this subject were made in England by Mr. Hatchett, and the substances obtained were regarded as analogous to tannin. M. Chevreul conceives this opinion to be erroneous, and believes that they differ among themselves not only according to the kind of acid and the substance with which they have been prepared, but also according to the quantity of acid which enters into their composition.

By

By a letter received from Bagdad, dated Aug. 24, 1813, it appears that JOHN MURAT, a native of Constantinople, and a merchant at Bagdad, has had the merit of introducing Vaccination on the Banks of the Tygris and Euphrates. Animated with the desire to be useful to his fellow creatures, in a country where the small-pox, if it be not always mortal, leaves scars and deformities, this humane individual had long wished to communicate the benefits of this discovery to the inhabitants of Bagdad. His endeavours were, however, at first abortive: he had to overcome prejudices, which were armed by a double portion of ignorance in these regions. An accidental circumstance strengthened these prejudices. The first trials of the British resident were unsuccessful, or rather the results were doubtful; these trials were made eleven years ago, and they are deserving of notice.

Seconded by Dr. Short, Mr. Jones, in 1802, obtained some vaccine matter from Lord Elgin and from Dr. Carro. He vaccinated two poor infants, who were procured more by the allurement of money given to their parents, than by any assurances of success to the operation. The infection took in the arm of both; but the English physician not having been sufficiently careful in the choice of these two children, whom distress had placed at his disposal; one, which was healthy, went through the disease regularly; the other, which had been long sickly, died a few days afterwards. This accident having frightened every body, all the efforts of Mr. Jones to procure other children were unavailing, and vaccination was for a time exploded. John Murat's opinions, in the mean time, remained unchanged, and he frequently procured matter from Constantinople, but he did not succeed in getting a single child entrusted to him to vaccinate. At length, in 1810, he had a child born to him, and he determined to convince the inhabitants of Bagdad that vaccination, far from being dangerous, tended to diminish the ravages of small-pox. He sent to Aleppo accordingly for matter, and vaccinated the new-born infant. The experiment answered his expectation, and produced the desired effect upon a great number of Christians, who were witnesses of the operation. Crowds daily attended with their children to be vaccinated. The Turks and Arabs, although contrary to their religious tenets on the score of predestination, speedily followed the example, and ninety-six Turkish and Arab children have been vaccinated in the course of the year (1813). Among other distinguished personages, the Mufti, the Defterdar, and Davoud Effendi, brother-in-law to the pacha of Bagdad, have had their children vaccinated. The pacha has also signified his satisfaction by sending John Murat a handsome present.

Not satisfied with his success at Bagdad, the benevolent Murat has procured missionaries to visit Mesopotamia and Armenia, and has instructed them in the operation, furnished them at the same time with directions printed in Arabic and Armenian, for propagating the benefits of vaccination.

The Master, Governors, and Court of Assistants of the Royal College

lege of Surgeons, adjudged the Jacksonian Prize for the year 1813, subject "Injuries and Diseases of Nerves," to Mr. Pring, of Wolcot-place, Bath; and decreed an extra premium of equal value to Mr. Henry Earle, of Berner's-street, for his dissertation on the same subject.

Dr. SQUIRE will on Tuesday, the 7th of June, begin a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children. Particulars may be known at Dr. SQUIRE's house, Ely Place, Holborn.

Dr. CLUTTERBUCK will begin his Summer Course of Lectures on the Theory and Practice of Physic, Materia Medica, and Chemistry, on Wednesday, June 2d, at ten o'clock in the morning, at his house, No. 1, in the Crescent, New Bridge-street, where further particulars may be had.

Dr. ADAMS's Summer Course of Lectures will commence on the second Tuesday in June.

Dr. HARRISON shortly commences his Summer Course of Lectures on the Clinical cases which occurred in St. George's Hospital; to which will be added the Lectures usually delivered in the schools of medicine. We understand an arrangement has been made, by which the perpetual pupils of Dr. PEARSON's Lectures are entitled to attend Dr. HARRISON, free of expence; and *vice versâ*, the pupils of Dr. H. are entitled to attend the Winter Course of Lectures delivered by Dr. P.

Medical and Chemical Lectures and Examinations.—Dr. HOOPER and Dr. AGER will begin their next Course on the Theory and Practice of Physic, Chemistry, and the Materia Medica, at the Theatre of Mr. BROOKES, Blenheim-street, Great Marlborough-street, on Monday, June 6th, 1814, at two o'clock. Three Courses are given yearly, beginning in February, June, and October, each on the first Monday of the month.

Theatre of Anatomy, Blenheim-street, Great Marlborough-street.—Mr. BROOKES will commence his Summer Course of Lectures on Anatomy, Physiology, and Surgery, on Monday the 6th day of June, at seven o'clock in the morning. The Dissecting Rooms will be open at five o'clock in the morning, and continue so until the same hour in the afternoon, attended by Mr. BROOKES.

N. B. The subjects are preserved by an antiseptic process, discovered by Mr. BROOKES, that enables the students to dissect with safety, comfort, and every possible advantage.

The Museum will be open some time during the summer, when every gentleman who wishes to see the collection of preparations, may obtain a ticket of admission by sending his card, expressive of the intention.

The ensuing Summer Course of Lectures on the Theory and Practice of Midwifery, and on the Diseases of Women and Children, by D. D. DAVIS, M.D. Fellow of the Royal College of Physicians in Edinburgh, Licentiate of the Royal College of Physicians in London, Man-Midwife in Ordinary to the Queen's Lying-in Hospital, &c. &c. will commence on Monday, the 6th of June, at ten o'clock in the forenoon, at Dr. DAVIS's house, No. 18, Lower Charlotte-street, Bedford-square. A limited number of young gentlemen are admitted as medical house pupils.

According to the report of several *Apothecaries* residing in various districts of the metropolis, the following was the average of the diseases in London between March 20th and April 19th:—

Anasarca	27	Enterodynia	8	Peritonitis	11
Ascites	11	Enuresis	3	Phlegmasia Dolens	1
Asthma	119	Epilepsia	12	Phrenitis	4
Acne	2	Febris remittens	149	Pneumonia	99
Apoplexia	16	—— intermittens	36	Pleuritis	2
Aphtha	21	—— puerpera	6	Pleurodyne	4
Amenorrhœa	28	Gastritis	3	Polydipsia	1
Asthenia	63	Gastrodynia	55	Podagra	56
Abortio	19	Hæmatemesis	7	Porrigo larvalis	14
Bronchitis acuta	16	Hæmoptoe	22	—— scutulata	8
—— chronica	22	Hæmorrhois	32	—— favosa	2
Cancer	2	Hepatitis	41	Prurigo	4
Chlorosis	17	Hysteria	34	Psoriasis	18
Cholera	28	Hystéritis	1	Pyrosis	15
Chorea	1	Hydrocephalus	11	Rachitis	4
Cephalalgia	73	Hydrothorax	7	Rheumatis. acut.	86
Colica	36	Herpes	44	—— chron.	97
Catarrhus	393	Hypochondriasis	12	Roseola	2
Convulsio	28	Icterus	15	Rubeola	69
Coryza Maligna	1	Impetigo	28	Scabies	81
Carditis	5	Ischuria	2	Scarlatina simplex	31
Cynanche Tonsillaris	112	Leucorrhœa	28	—— anginosa	22
—— maligna	11	Lepra	2	—— maligna	4
—— Trachealis	9	Lichen	13	Splenitis	2
—— parotidea	29	Lumbago	1	Scrofula	42
Delirium Tremens	3	Mania	9	Synochus	15
Diabetes	5	Menorrhagia	43	Tabes Mesenterica	12
Dysenteria	22	Miliaria	1	Trismus	1
Diarrhœa	132	Morbi Infantiles	273	Typhus	15
Dyspnœa	29	—— Biliosi	198	Variola	8
Dyspepsia	181	Morbus Pediculosus	1	Varicella	30
Dysuria	9	Nephritis	7	Vermes	47
Eczema	7	Obstipatio	58	Vertigo	29
Ecthyma	3	Ophthalmia	82	Urticaria	17
Erythema	6	Paralysis	14		
Erysipelas	50	Phthisis Pulmonalis	60	Total	3798
Enteritis	17	Pertussis	89		

The Deaths in the Bills of Mortality from March 15th to April 12th, 1814, according to the returns of the *Parish Clerks*, were as under:—

Males	840
Females	739
Total	1579

LONDON

LONDON PRICES OF DRUGS.—May 27.

(To be continued regularly.)

	£	s	d.	£	s.	d. per
Aloes Barbadoes, from	20	10	0 to	21	0	0 C.
—— Cape	10	0	0 ..	11	0	0 —
—— Succotrina	20	0	0 ..	0	0	0 —
—— Epatica or E. I.	14	0	0 ..	16	0	0 —
Angelica Root	10	10	0 ..	0	0	0 —
Alkanet Root	6	0	0 ..	0	0	0 —
Antimony Crude	2	16	0 ..	0	0	0 —
Aqua Fortis	S.	0	8 ..	D.	1	1 lb
Arrow Root fine	0	2	0 ..	0	3	6 —
—— ordinary	0	1	0 ..	0	1	6 —
Arsenic Red	5	0	0 ..	0	0	0 C.
—— White	S	0	0 ..	0	0	0 —
Balsam Capivi	0	6	0 ..	0	6	3 lb.
—— Peru	1	0	0 ..	1	1	0 —
—— Tolu	0	14	0 ..	0	14	6 —
Bark Jesuits', Com.	0	3	6 ..	0	4	0 —
—— Second	0	6	0 ..	0	7	0 —
—— Quil or best	0	8	0 ..	0	10	0 —
—— Red	0	7	0 ..	0	10	0 —
—— Yellow	0	4	6 ..	0	5	0 —
Borax refined E.I.	none.					
—— English	0	3	9 ..	0	4	0 lb.
—— unrefined or Tinc.	10	0	0 ..	11	0	0 C.
Camphire refined	0	8	9 ..	0	9	0 lb.
—— unrefined	28	0	0 ..	32	0	0 C.
Cantharides	8	9	0 ..	0	0	0 lb.
Cardamoms (best)	0	7	0 ..	0	12	0 —
Cassia Buds	36	0	0 ..	7	0	0 C.
—— Fistula W.I.	6	10	0 ..	in bond		—
—— Lignea	25	0	0 ..	J	0	0 —
Castoreum American	2	10	0 ..	2	15	0 lb.
—— Russia	11	0	0 ..	0	0	0 —
Castor Oil per bottle 1¼ lb.	0	3	9 ..	0	4	3 bo
Cocculus Indicus	6	0	0 ..	7	0	0 C.
Colocynth Turkey	0	5	0 ..	0	5	6 lb.
Columbo Root	4	15	0 ..	6	0	0 C.
Cream of Tartar	6	10	0 ..	7	0	0 —
Gallangal East-India	5	0	0 ..	0	0	0 C.
Gentian Root	3	5	0 ..	3	6	0 —
Ginseng	0	1	6 ..	0	0	0 lb.
Grains of Guinea	6	6	0 ..	6	10	0 C.
Gum Ammo. Drop	30	0	0 ..	0	0	0 —
—— Lump	8	0	0 ..	9	0	0 —
—— Animi	3	10	0 ..	7	10	0 —
—— Arabic E. I.	2	0	0 ..	4	0	0 —
—— Turkey Fine	10	10	0 ..	14	14	0 —
—— Barbary	7	7	0 ..	8	0	0 —
—— Assafœtida	10	0	0 ..	15	0	0 —
—— Benjamin	8	10	0 ..	35	0	0 —
—— Cambogium	20	0	0 ..	26	0	0 —
—— Copal scraped	0	3	0 ..	0	4	6 lb.
—— Galbanum	16	0	0 ..	20	0	0 C.

	£	s.	d.	£	s.	d. per
Gum Guaiacum, from	0	2	6 to	0	3	0 lb.
—— Mastic	0	4	6 ..	0	4	9 —
—— Myrrh	15	0	0 ..	18	0	0 C.
—— Olibanum	6	0	0 ..	7	0	0 —
—— Oppopomax	80	0	0 ..	0	0	0 —
—— Sandrac	9	0	0 ..	10	0	0 —
—— Seneca Garbled	5	2	0 ..	5	5	0 —
—— Tragacanth	36	0	0 ..	38	0	0 —
Jalap	0	5	0 ..	0	5	3 lb.
Ipecacuanha	1	0	0 ..	1	1	0 —
Isinglass Book	0	10	6 ..	0	11	0 —
—— Leaf	0	10	6 ..	0	11	0 —
—— Long Staple	0	10	6 ..	0	11	0 —
—— Short Staple	0	10	6 ..	0	11	0 —
Manna Flakey	0	5	3 ..	0	5	6 —
—— Sicily in Sorts	0	4	0 ..	0	4	3 —
Musk China	0	18	0 ..	1	0	0 oz.
Nux Vomica	3	0	0 ..	3	10	0 C.
Oil of Vitriol	0	0	3½	0	0	0 lb.
Opium East-India	1	2	0 ..	1	3	0 —
—— Turkey	1	9	0 ..	1	10	0 —
Pink Root	0	4	0 ..	0	4	6 —
Quicksilver	0	4	10 ..	0	4	11 —
Rhubarb East-India	0	6	0 ..	0	10	0 —
—— Russia	0	18	0 ..	1	0	0 —
Saffron Spanish	2	5	0 ..	2	10	0 —
—— French	1	15	0 ..	¥	0	0 —
Sago	7	0	0 ..	8	0	0 C.
Sal. Ammoniac	10	10	0 ..	11	0	0 —
Sarsaparilla	0	3	0 ..	0	3	6 lb.
Sassafras	7	0	0 ..	8	0	0 T.
Scammony Aleppo	1	6	0 ..	1	7	0 lb.
—— Smyrna	0	10	0 ..	0	12	0 —
Senna	0	3	0 ..	0	3	6 —
Seeds Anni Alicant	6	0	0 ..	6	10	0 C.
—— Coriander English	1	10	0 ..	1	16	0 —
—— Cummin	7	0	0 ..	7	10	0 —
—— Fenugreek	1	10	0 ..	1	13	0 —
Shellack	7	10	0 ..	10	0	0 —
Sticklack	6	0	0 ..	8	0	0 —
Snake Root	0	0	0 ..	0	0	0 lb.
Soap Castile or Spanish	12	0	0 ..	14	0	0 C.
Spermaceti refined	0	2	8 ..	0	0	0 lb.
Tamarinds West-India	8	10	0 ..	9	0	0 C.
Tapioca Lisbon	0	0	8 ..	0	1	0 lb.
Turmeric Bengal	5	10	0 ..	0	0	0 C.
—— China	6	10	0 ..	7	0	0 —
—— West-India	8	0	0 ..	9	0	0 —
Verdigris Wet	0	3	6 ..	0	0	0 lb.
—— Dry	0	4	9 ..	0	5	0 —
—— Crystallized	0	8	0 ..	0	0	0 —
Vitriol Roman	0	0	7 ..	0	0	0 —
—— Foreign white	3	15	0 ..	4	0	0 C.

Price of Vials per Gross.—8 oz. 70s.—6 oz. 58s.—4 oz. 47s.—3 oz. 43s.—2 oz. 36s.—1 oz. 30s.—½ oz. 24s.

OBSERVATIONS.

At recent Sales of Merchandise by Auction, Messrs. Bowden and Tucker sold, on the 26th of May, 56 chests Pale Peruvian Bark, bonded, 1s. 2d. to 4s. 9d. per lb.—13 chests Red Bark, bonded, 4s. to 5s. 7d. per lb.—20 chests Pale Bark, 1s. 3d. to 3s. per lb.—3 cases Turkey Myrrh, 23l. per cwt.—38 chests Camphire, 18l. 15s. to 20l. per cwt.—2 barrels Balsam Capivi, 3s. 10d. to 4s. 5d. per lb.—6 chests Bark, 3s. to 6s. 9d. per lb.—15 cases and 12 barrels Isinglass, 7s. 10d. to 10s. 2d. per lb.—50 serons Barbary Gum Arabic, 95s. per cwt.—10 casks Venetian Cream of Tartar, 7l. 4s. to 8l. 2s per cwt.—4 vats Pill Boxes, 7s. per gross.—1 cask Assafœtida, 20s. per cwt.

	s.	d.
Rhei Radix Pulvis	15	0
Sapo (Spanish)	2	6
Sarsaparilla Radix Inc.	5	0
Scammoniæ Gum-Resina unc.	2	6
Scilla recens	1	3
—— siccata	5	0
—— pulvis	6	0
Senegæ Radix		
Sennæ Folia Opt. Alexand.	6	6
Serpentariæ Radix	30	0
Simarubæ Cortex	4	0
Sodæ Herus	4	6
—— Carbonas	7	0
—— Subcarbonas	1	4
—— exsiccata	2	8
Sinapis super.	2	6
—— secund.	2	0
Sodæ Sulphas	0	8
—— Phosphas	2	8
—— Acetas unc.	0	10
Soda tartarizata lb.	2	4
Spongia ustæ unc.	1	3
Spiritus Ammoniæ M. lb.	4	0
—— aromaticus	4	6
—— fœtidus	3	6
—— succinatus	4	6
—— Cinnamomi ver.	3	6
—— Juniperi Compos.	3	0
—— Lavandulæ	4	6
—— Compos.	5	0
—— Myristicæ	3	6
—— Pimentæ	3	0
—— Rosmarini	3	6
—— Ætheris Aromaticus	6	0
—— Compositus	6	0
—— Nitrici sp. gr. 860	5	6
—— Sulphurici	6	0
—— Vini rectificatus	28	0
Syrupus Aurantii	1	8
—— Rutæ	1	8
—— Papaveris	2	0
—— Violæ	2	10
—— Rhei	2	10
—— Rhamni	2	0
—— Croci	3	0
—— Tolutanea	2	0
—— Rheados	2	0
Sulphur	0	6
—— Lotum	1	0
—— Præcipitatum	1	0
Tamarindus opt.	2	6
Terebinthina Vulgaris	0	9
—— Canadensis	8	0
—— Chia	6	0
Tragacantha Gummi	10	0
—— Pulvis	10	6
Tinctura Aurantii M. lb.	3	9
—— Aloes	4	0
—— Composita	9	6
—— Assafœtidæ	5	6
—— Balsa. Tolut.	5	6
—— Benzoini Comp.	6	9
—— Camphoræ Comp.	4	0

	s.	d.
Tinctura Cardamomi	4	6
—— Comp.	4	0
—— Columbæ	3	9
—— Capsici	8	9
—— Cascarillæ	4	6
—— Castorei	7	0
—— Catechu	4	0
—— Cinchonæ	6	0
—— Compos.	6	0
—— Cinchonæ Ammon.	7	0
—— Croci	6	6
—— Digitalis	4	6
—— Ferri Ammoniati	4	0
—— Cinnamomi	4	6
—— Comp.	4	6
—— Gentianæ Comp.	4	0
—— Guaiaci	6	0
—— Ammon.	6	0
—— Hellebori Nigri	4	6
—— Humuli	5	0
—— Hyoscyami Nig.	4	6
—— Jalapæ	4	6
—— Japonica	4	6
—— Ferri Muriatis	5	0
—— Kino	5	0
—— Lyttæ	3	9
—— Myrrhæ	4	6
—— Opii	7	0
—— Camphorat.	4	6
—— Quassiæ	3	9
—— Rhei	4	6
—— Comp.	4	0
—— Scillæ	4	6
—— Sennæ	4	9
—— Serpentariæ	6	0
—— Valerianæ	4	6
—— Amm.	5	6
—— Zingiberis	4	6
Valerianæ Radix	1	8
Veratri Radix	1	6
Unguentum Hydrarg. Mit.	3	0
—— Nitratis	3	3
—— Nitrico-oxy.	2	9
—— Sulphuris Comp.	2	6
—— Sambuci	2	0
—— Virio	1	8
—— Althææ	2	0
—— Cetacei	3	6
—— Veratri	1	8
—— Zinci	2	0
—— Hyd. præcip. Alb.	3	0
—— Picis	1	6
Uvæ Ursi Folia	2	4
Vinum Aloes	3	6
—— Antimoniale	3	0
—— Ferri	3	6
—— Ipecacuanhæ	5	6
—— Opii	8	0
Zinci Oxydum	4	6
—— Sulphas purif.	2	8
—— Acetas unc.	1	6
Zincum lb.	1	6
Zingiberis Radix opt.	2	4

Lisbon Leeches, per dozen, 3s. 6d.—Bourdeaux Leeches, 4s. French ditto, true, 7s.—English ditto, true, 12s.

METEOROLOGICAL REGISTER.

From April the 25th, to May the 25th, 1814.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Mean.	Temperature. Max.	Min.	Mean.	
☽	26	SE	30·05	29·89	29·975	56	36	43	Showers
	27	SE	30·13	30·11	30 123	51	46	48·6	Showers
	28	S	30·13	30·13	30·13	54	48	51	Rain
	29	S	30·07	30·03	30·056	59	48	53·6	Fair
	30	S	30·10	30·04	30 07	65	48	56·6	Fair
	1	S	30·14	30·11	30 13	69	50	58·6	Fair
	2	E	30·16	30·12	30·146	68	46	56·3	Clear
	3	SE	30 02	29·90	29·95	64	41	54	Clear
○	4	SE	29·83	29·75	29·783	59	38	49·3	Clear
	5	E	29·53	29·18	39 366	52	40	45·6	Rain
	6	NW	29·30	29·16	29·253	61	44	58·6	Showery
	7	E	29·75	29·57	29·653	59	89	50	Fair
	8	E	29·96	29·75	29·83	58	37	47·3	Cloudy
	9	E	30 19	30 01	30·093	59	39	47	Cloudy
	10	NE	30·35	30·27	30·30	56	40	46·6	Cloudy
	11	E	30·45	30·34	30 396	54	42	46 3	Cloudy
◐	12	NE	30·29	30·20	30·243	53	37	45·3	Rain
	13	NE	30·10	30·—	30·043	54	40	45	Rain
	14	NE	29·98	29·97	29·976	55	37	45·6	Fair
	15	NE	30·—	29·54	30 076	58	39	48	Fair
	16	SE	30·01	29·95	29·986	58	44	51·6	Fair
	17	SE	30 15	30·11	30·123	59	46	52	Fair
	18	SE	30 18	30 09	30·13	60	47	54·3	Fair
	19	E	30·09	30·05	30·066	58	45	52	Fair
●	20	E	30·—	29·94	29 966	60	44	51·6	Fair
	21	E	29·90	29·82	29·87	59	42	49·6	Boisterous Wind
	22	NE	29 96	29·72	29·846	55	37	47	Fair
	23	N	29 66	29 50	29·553	56	39	47	Fair
	24	N	29·57	29·56	29·563	54	38	45·3	Rain & stormy Wind
	25	NE	29·76	29·67	29·723	55	35	45	Rain & stormy Wind

RESULTS.

Mean barometrical pressure 29·934	Mean temperature 49·4 deg.
Maximum 30·45 inc. wind at E	Maximum 69, the wind at S
Minimum 29·16 —— NW	Minimum 34, —— NE

Scale exhibiting the prevailing Winds during the Month.

N	NE	E	SE	S	SW	W	NW
2	7	9	7	4	0	0	1

	Mean barometrical pressure.	Mean temperature.
From the first quarter on the 26th April, to the full moon on the 4th May	30·072	52·7
—— full moon, to the last quarter on the 12th	29·834	48·2
—— last quarter, to the new moon on the 19th	30·080	49·2
—— new moon, to the first quarter on the 26th	29·753	47·5

Observations.—There is little to notice in the Register of the Month, but

but the unusual low state of temperature for the advanced state of the season.

In order to produce as distinct views as possible of the meteorology of the period, the present Register has two additional columns, one shewing the mean barometrical pressure of each day, the next its mean temperature: the mean temperature and pressure during each *lunar division* of the month, and the mean pressure and temperature of the whole period, are found, as usual, below the Register.

It is necessary to explain, that, although the columns of the Register exhibit only the extremes of pressure and temperature for each day, the columns of the mean pressure and temperature, the mean pressure and temperature of the lunar divisions, and of the whole month, are deduced from *four* daily observations on each instrument, viz. of the barometer at 12 P. M., 8 A. M, noon, and 8 P. M.; and of the thermometer at 12 P. M. The minimum by a night-registering thermometer between midnight and 8 A. M.; at 8 the maximum of that day also by a self-registering thermometer, and at 8 P. M.

This state of weather easily accounts for the number and severity of catarrhal and pulmonary affections which still claim our constant care. Measles, hooping cough, and scarlet fever, have appeared in several families, with their usual symptoms. In a case of porrigo, the subject of it a girl between seven and eight years old, menstruated at the age of six years and a half, the menstrual discharge continued the usual time, and according to the mother's report resembled in every particular that of women. The child has since been subject to an occasional discharge from the vagina resembling that of leucorrhœa; but the catamenia have not recurred. She is not more forward in disposition, or premature in appearance, than other children of her age; and the organs of generation are not more advanced than usual, neither do they appear to have suffered from any external injury.

MONTHLY CATALOGUE OF MEDICAL BOOKS.

ADAMS'S Treatise on the supposed Hereditary Properties of Diseases, containing Remarks on unfounded Terrors and ill-judged Cautions consequent on such erroneous Opinions; with Notes illustrative of the Subject, particularly in Madness and Scrofula. 8vo. 5s. 6d.

Burnett's Practical Account of the Fever commonly called the Bilious Remittent, as it appeared in the Ships and Hospitals of the Mediterranean Fleet, with Cases and Dissections; to which are added, Facts and Observations illustrative of the Causes, Symptoms, and Treatment of Fever in the Mediterranean; comprehending the History of Fever in the Fleet, during the years 1810, 1811, 1812, 1313, and of the Gibraltar and Carthagena Fevers. 8vo. 10s. 6d.

Hey's Surgery. 8vo. 3d edition.

Hill's Essay on the Prevention and Cure of Insanity, with Observations on the Rules for the Detection of Pretenders to Madness. 8vo. 12s.

Pemberton on the Viscera. Third edition. 9s.

Reece's Chemical Guide, or complete Companion to the Portable Chest of Chemistry, being an Epitome of Modern Chemistry. 12mo. 7s. 6d.

TO CORRESPONDENTS.

In the next Number of the Journal, we shall have occasion to call our readers' attention to the new Bill for licensing houses for the reception of Insane Persons, about to be submitted to Parliament. A paper on this important subject, from Dr. Harrison, and one from a Physician with the signature X. Y. Z. have reached us, but quite too late for publication this month. We have also received communications from Messrs. Walker, Bernard, Rance, &c. &c. which will appear in due course.

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